ANNUAL REPORT

2015 - 2016

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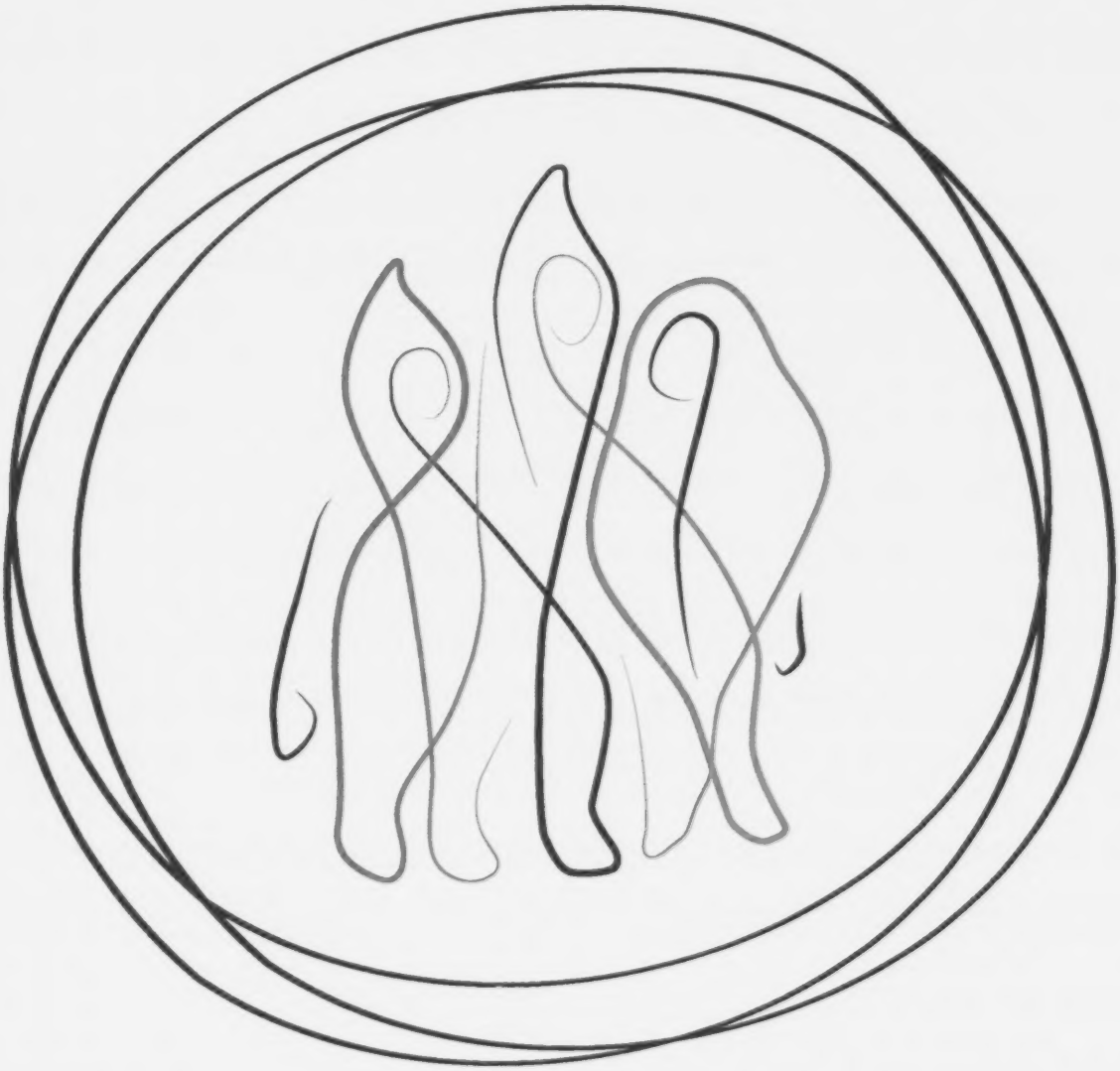

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RÉGIE RÉGIONALE DE LA SANTÉ ET DES SERVICES SOCIAUX DU NUNAVIK
NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES

© Regional Board of Health and Social Services Nunavik

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DECLARATION ON THE RELIABILITY OF THE DATA CONTAINED IN THE MANAGEMENT REPORT AND THE RELATED CONTROLS

Mr. Gaétan Barrette
Minister of Health and Social Services

I am responsible for the results and information contained in the present annual management report. That responsibility concerns the accuracy, completeness and reliability of the data, information and explanations contained therein.

Throughout the fiscal year, information systems and reliable control measures were maintained in order to support the present declaration. Moreover, I have ensured that work was accomplished in order to provide reasonable assurance relative to the reliability of the results, specifically with regard to the agreement on strategic planning.

To my knowledge, the information presented in the annual management report (2015-2016) of the Nunavik Regional Board of Health and Social Services as well as the related controls are reliable and this information corresponds to the situation as it was on March 31, 2016.

Minnie Grey
Executive Director

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NUNAVIK: A VAST OCCUPIED TERRITORY

THE REGION AND ITS PEOPLE

Nunavik, the Inuit region of Québec, is a vast territory that covers more than 500 000 square kilometres. Its geographic zones range from taiga to tundra and its landscapes vary from mountains to boreal forest to innumerable lakes and rivers to open sea.

There are different interpretations of the word *Nunavik*. For some, Nunavik means "the place where we have landed." In Tamusi Qumak's dictionary of Inuktitut, Nunavik means "a vast land occupied by animals."

Today, Nunavik is home to approximately 12 000 inhabitants, 90% of whom are Inuit, living in 14 communities dotting the coasts and rivers: Kuujjuaraapik, Umiujaq, Inukjuak, Puvirnituq, Akulivik, Ivujivik, Salluit, Kangiqsujuaq, Quaqtaq, Kangirsuk, Aupaluk, Tasiujaq, Kuujjuaq and Kangiqsualujjuaq.

Each community has its own municipal infrastructure and modern essential services that are adapted to the North. For example, houses and other buildings have running water, which is delivered daily by truck from local reservoirs.

There are no roads to Nunavik; travel and shipping to and from the region are by airplane and freight ship.

With the exception of Kuujjuaq, these small communities are dispersed along the 2 500 kilometres of shoreline that border Nunavik, some on the east coast of Hudson Bay, others on the coasts of the Hudson Strait and Ungava Bay. Kuujjuaq is located a little farther inland, upstream on the Koksoak River, directly at the tree line, straddling taiga and tundra. With its population of 2 300 inhabitants, it is the largest community of the region, which also makes it the administrative centre of Nunavik.

In spite of the distance that separates them from one another, the warm-hearted Inuit, who were once nomads, like to visit each other. However, since the Nunavik communities are not linked together by roads, the inhabitants must travel by aircraft, boat or snowmobile, depending on the season, to go from one village to the next. No matter how cold it can get, this makes for warm encounters.

As the majority of the Nunavik population is Inuit, Inuktitut is the language most used in the region. On the other hand, due to the federal government's predominant presence in the region's previous administration, the use of English is also widespread, especially in the workplace, and this more than French, although the latter is making considerable progress.

THE NUNAVIK HEALTH AND SOCIAL SERVICES NETWORK

The Nunavik health and social services network comprises the Nunavik Regional Board of Health and Social Services, the Inuulitsivik Health Centre (Hudson Bay) and the Ungava Tulattavik Health Centre (Ungava Bay). The basis for the development of health and social services in the Nunavik region was established by the *James Bay and Northern Québec Agreement* of 1975 *(JBNQA)* and its complementary agreements. The organization of health and social services remains under the auspices of the provincial system, but it is adapted to the region's characteristics.

Because of its population size and sociocultural characteristics, Nunavik is a privileged place where the

curative and the preventive mix, a place where activities in promotion, prevention and protection are carried out very harmoniously and smoothly, as much in the health sector as in social services.

NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES

For the *ministère de la Santé et des Services sociaux* (*MSSS*), Nunavik is administrative health region 17. The Nunavik Regional Board of Health and Social Services (NRBHSS) manages a budget of close to 167 million dollars, destined for health and social services for the populations of the 14 communities.

A board of directors of 20 members oversees the NRBHSS and consists of:

- 14 representatives, 1 for each community in Nunavik;
- the executive director of each health centre (Tulattavik and Inuulitsivik, two members);
- a member appointed by the board of directors of each health centre, selected from among the elected representatives of the villages (two members);
- a member appointed by the board of directors of the Kativik Regional Government (KRG);
- the Executive Director of the NRBHSS.

Besides the functions directly connected with administration, the board of directors is responsible for identifying the priorities with regard to the population's needs in health and social services, priorities that are presented at the public information meeting held annually by the NRBHSS.

The law requires that the boards of directors of the regional board and the institutions consist of a majority of Inuit members. ■

MESSAGE FROM THE CHAIRPERSON AND THE EXECUTIVE DIRECTOR

Before beginning, we would first like to present our rationale, our mission, our objectives and our values, which may be stated as follows:

OUR RATIONALE

The Nunavik population's well-being

OUR MISSION

Plan, organize, apply and evaluate programs to serve our population

OUR OBJECTIVE

Improve our population's state of health

OUR VALUES

Autonomy, respect, participation, appreciation of our human resources and collaboration with our partners

We present:

OUR VISION

A healthy population in healthy communities where integrated health and social front-line services are offered to the population by Inuit in accordance with traditional values

The year 2015 proved to be busy, productive and challenging.

Our board of directors' appointment process was held in November and many of our long-time board members stepped down to be replaced by new members.

We want to thank the previous board members for their dedication and commitment during their years of service: Tunu Napartuk of Kuujjuaq, Moses Munick of Tasiujaq, the late Mary Angotinguak of Aupaluk, Charlie Okpik of Quaqtaq, Eva Weetaluktuk of Inukjuak, Willie Kumarluk of Umiujaq and Lydia Esperon of Kuujjuaraapik.

Our standing committees were completed, from which our board elected and appointed from among themselves the members of the Audit Committee, the Governance and Ethics Committee, and the Watchdog

and Service-Quality Committee.

By-law #13 on the Code of Ethics was also adopted.

We continued to strengthen our work with the two health centres in the areas of financial management and implementation of measures identified in our strategic plan to improve services for *Nunavimmiut*.

As you will see in this report, our different departments have worked very hard in many files. In the Department of Planning and Programming (DPP), adequate medical manpower was planned, pharmacies were upgraded, the cancerology program and plan of action were implemented with funding from the Canadian Partnership against Cancer, and the recommendations under the Inuusilirinirmi Pigutjiutinik Qimirruniq (clinical project for physical health) were adopted by the board.

In mental health, we continue to strive to offer the best services with limited resources in collaboration with the Douglas Hospital. This important preoccupation remains our top priority as we are still dealing with the very sad reality of high suicide rates. We held our very first annual suicide and healing conference in October in Puvirnituq. This conference is inspired by the "Dialogue for Life" annual event but with Inuit-specific content to help *Nunavimmiut* through more prevention, to help families and communities in dealing with loss from suicide. Many ASIST training sessions were held in the last year in various communities and schools. We encourage those who wish to arrange this training in their community to contact our office.

Programs for elders and persons lacking autonomy continue to be refined. Addictions-counsellor training was given in all the communities. Support for community organizations is also very important as new initiatives such as family houses and others are created.

We are very proud to announce that we have been working very hard to ensure regionalization of services, one of the more important being those of the Department of Youth Protection (DYP). Work has been proceeding to abolish the two Departments of Youth Protection—Hudson and Ungava—and creating one department for all of Nunavik, with the position of director to be occupied by an Inuk. We need to ensure that our services are better understood by our clients, and there is much need to inform about the *Youth Protection Act* and adapt it culturally to our region and way of life.

We have many challenges that are all equally important, but our Department of Public Health (DPH) has been very busy in dealing with major infections in our region. With the high STBI rates, the Public Health team has been very active in heightening vigilance at the two health centres in terms of monitoring cases as well as ensuring that the public receives all the necessary information to observe preventive measures and promote better sexual health.

Tuberculosis continues to preoccupy the DPH as well as the two health centres. That department's section presents the many interventions it has performed in the communities with TB outbreaks. This situation is urgent and we have called upon Québec health authorities for their assistance in ensuring that we give the best possible services in response to this health issue.

The Good Touch/Bad Touch Program continues and is well received in the communities as it is an important tool for educating children and parents on the issue of sexual abuse.

A food-security steering committee was created to draft and adopt a regional food-security policy.

These are just a few of many ongoing files in our efforts to improve the wellbeing of all *Nunavimmiut*. Other departments such as the Department of Inuit Values and Practices (DIVP) are working hard to support communities dealing with unforeseen crises. For example, our natural helpers visit the communities at the latter's request to provide assistance. The director of that department left in November for new challenges, and we wish her every success.

The Department of Administrative Services (DAS) has been very active in assisting the Ungava Tulattavik Health Centre in its efforts to return to fiscal balance. Although this has not been an easy task, we can say that we see light at the end of the tunnel.

The Department of Regional Human-Resources Development (DRHRD) now has a new director. This department ensures ongoing training for Inuit youth-protection and CLSC workers in collaboration with Marie-Victorin College. Psychosocial training in rehabilitation services continues. Our McGill Inuit Management Training Program is very popular and we are proud to acknowledge that another student has completed the program. A new employee in career promotion was hired and has visited five communities promoting careers in the health sector to students in Nunavik.

The Department of Out-of-Region Services (DORS) has been busy with the eventual relocation of the *MNQ* to a new building being built in Dorval. The construction of the building began in December 2015; it should be complete by November 2016 and ready for occupation by December 2016.

As fiscal 2015-2016 is the last year of our Regional Strategic Plan, we requested a two-year extension that should allow us to provide a proper rendering of accounts relative to the measures we applied in our yearly action plans. We are simultaneously planning our negotiations, along with the two health centres, for a new strategic plan that will include important regional needs and priorities.

In conclusion, we would like to acknowledge the fine work of all human resources in health and social services. Their dedication in responding to all the needs of Nunavimmiut makes an important difference. We also thank all the regional organizations and partners for their support and collaboration.

Elisapi Uitangak
Chairperson

Minnie Grey
Executive Director

BOARD OF DIRECTORS

We would like to congratulate the new members appointed during the past year, and we look forward to close collaboration toward attaining our common objective of improving the state of health of *Nunavimmiut*.

During this last year, the board of directors of the Nunavik Regional Board of Health and Social Services (NRBHSS) appointed Jean-Etienne Bégin as the new Director of Regional Human-Resources Development, Mary Mesher as Acting Director of Inuit Values and Practices, Dr. Françoise Bouchard as Acting Director of Public Health and finally, Helen Dion as the new assistant to the executive director. The NRBHSS is proud to welcome them to the management team and wishes them success in their new functions.

The members of the NRBHSS board of directors wish to thank Gilles Boulet, assistant to the executive director, and Daniel Michaud, Director of Regional Human-Resources Development, who both retired in the fall 2015.

Composition of the board of directors, March 31, 2016

EXECUTIVE COMMITTEE

Elisapi Uitangak	Chairperson, Puvirnituq Representative
Claude Gadbois	Vice-Chairperson, Ungava Tulattavik Health Centre (UTHC) BOD Representative
Minnie Grey	Secretary, NRBHSS Executive Director
Qumaq Mangiuk	Executive Committee Member, Ivujivik Representative
Shirley White-Dupuis	Executive Committee Member, Kuujjuaq Representative

DIRECTORS

Akpahatak, Nuna	Aupaluk Representative
Annanack, Kitty	Kangiqsualujjuaq Representative
Arngak, Alasie	Kangiqsujjuaq Representative
Beaudoin, Jane	Inuulitsivik Health Centre (IHC) Executive Director
Berthe, George	UTHC Executive Director
Berthe, Mary	Tasiujaq Representative
Fleming, Cora	Kuujjuaraapik Representative
Kitishimik, Parsa	Kativik Regional Government (KRG) Representative
Ningiurivik, Sheila	Quaqtaq Representative
Niviaxie, Alex	Umiujaq Representative
Nowrakallak, Sarah	Inukjuak Representative
Padlayat, Josepi	Inuulitsivik Health Centre Representative
Qaqutuk, Jusipi	Akulivik Representative

Saviadjuk, Ida	Salluit Representative
Tukkiapik Carrier, Lucy	Kangirsuk Representative

The following by-laws and policies were adopted in fiscal 2015-2016.

Boards of directors of the Nunavik Health and Social Services network

The Nunavik population was called to exercise its right to vote on October 13, 2015, for the election of one representative per village to the boards of directors of the IHC and the UTHC. For their part, the workers of the health centres elected four persons from among their ranks at each institution.

Certain communities did not organize elections; consequently, the regional board's board of directors appointed representatives for those communities during its sessions of December 15, 2015, and January 27, 2016.

As for the regional board's own board of directors, each Nunavik community was asked to appoint a representative.

Board of directors of the Regional Board

The members of the board attended five regular sessions as well as the annual general meeting, adopting 95 resolutions. The Executive Committee held seven meetings.

- Below are the results of the latest election:
- Qumaq L. Mangiuk was reappointed representative of Ivujivik on December 15, 2015.
- Ida Saviadjuk was appointed representative of Salluit on December 15, 2015, replacing Josepi Padlayat who had been representative since February 17, 2015.
- Claude Gadbois was reappointed representative of the UTHC on December 15, 2015.
- Alasie Arngak was reappointed representative of Kangiqsujuaq on April 19, 2016.

- Nuna Akpahatak was appointed on December 15, 2015, replacing Mary Angutinguak who had been representative since December 4, 2012.
- Lucy Carrier Tukkiapik was reappointed representative of Kangirsuk on December 15, 2015.
- Shirley White-Dupuis was appointed on December 15, 2015, replacing Tunu Napartuk who had been representative since December 4, 2012.
- Kitty Annanack was reappointed representative of Kangiqsualujjuaq on December 15, 2015.
- Elisapee Uitangak was reappointed representative of Puvirnituq on December 15, 2015.
- Alex Niviaxie was appointed representative of Umiujaq on February 23, 2016, replacing Willie Kumarluk who had been representative since February 20, 2007.
- Mary Berthe was appointed representative of Tasiujaq on December 15, 2015, replacing Moses Munick who had been representative since December 4, 2012.
- Cora Fleming was appointed representative of Kuujjuaraapik on December 15, 2015, replacing Lizzie Niviaxie who had been representative since January 30, 2003.
- Sheila Ningiurivik was appointed representative of Quaqtaq on December 15, 2015, replacing Charlie Okpik who had been representative since December 4, 2012.
- Parsa Kitishimik was reappointed regional councillor by the KRG on December 15, 2015.
- Josepi Padlayat was appointed representative of the IHC on February 23, 2016, replacing Jusipi Qaqutuq who had been representative since December 4, 2012.
- Jusipi Qaqutuk was appointed representative of Akulivik on December 15, 2015, replacing Lucassie Alayco, Sr. who had been representative since December 4, 2012.
- Sarah Nowrakallak was appointed representative of Inukjuak on December 15, 2015, replacing Eva Weetaluktuk who had been representative since January 24, 2006.

The following completed the board:

- George Berthe, Executive Director, UTHC;
- Jane Beaudoin, Executive Director, IHC;
- Minnie Grey, Executive Director, NRBHSS. ■

EXECUTIVE MANAGEMENT

Prehospital services

The regional board would like to highlight the communities' contribution to the provision of prehospital services in Nunavik. They ensure the management and maintenance of the workforce, whereas our role is to support them through training programs and funding. The regional board invests much effort in the organization and coordination of training in order to ensure services of good quality for the population.

On March 31, 2016, Nunavik had 142 certified, active first responders.

As training is a key element in the prehospital-service system, it is important for it to be accessible to as many persons as possible, which ensures the quality of the interventions performed by the first responders as well as efficient on-duty services 24 hours per day, 365 days per year. Six complete, five-day training sessions were organized in different communities for new first responders. Thirty-two persons successfully completed their training. As maintaining skills is also fundamental to ensuring quality, 24 one-day refresher programs were held in all the Nunavik communities.

New this year is a two-day training program for the nurses in Kuujjuaq who also work in the area of prehospital services. This training was designed with the participation of our regional medical director of emergency prehospital services and one of our instructors. We wish to thank them for their contribution in this field.

The training program, of which we are quite proud, is unique in Québec. It enables raising the current skill level of nurses working in prehospital services and is particularly appreciated by the participants. New sessions are scheduled for the coming year.

Emergency preparedness

Over the past year, certain communities experienced incidents requiring our organization's intervention and follow-up. The events—hydrocarbon fuel spills, shortage of drinking water, telecommunications failures—required greater coordination efforts between the various municipal partners, the Kativik Regional Government (KRG) and the various provincial ministries concerned by the issues in order to ensure our population's safety. Their support and cooperation were greatly appreciated.

The regional board also participated in an air-crash simulation in the fall 2015 in Kuujjuaq. The exercise enabled making necessary adjustments to our intervention plan as well as that of our partners. Moreover, the exercise was an opportunity to gain a better understanding of the role of the various local partners in order to ensure efficient intervention.

The regional board maintains close ties with all the partners, both local and regional, which greatly facilitates cohesive intervention in emergency situations. ■

SAQIJUQ UPDATE

Puvirnituq: First Pilot Community

Numerous meetings have been held in Puvirnituq since September 2015. These meetings were held with the municipality, organizations, justice committee, as well as individuals. Each meeting has been productive with strong support for Saqijuq.

On February 29, a community consultation about Saqijuq was held and attended by 35 members of the community. Many questions were asked about Saqijuq and support was given for the project. It is important to note that much information was provided in the session and there was much interaction with the participants.

One of the next steps for Saqijuq will be to set up a support centre in the community. The actual setup will depend on the community's needs and wants. It is important to remember that Saqijuq will not change what is already working or what already exists but will work to consolidate assets and ensure people work collaboratively instead of in silos (which is presently the case).

A volunteer support group is now being set up. Presently there are five community members who wish to participate by providing suggestions, comments, etc. on what needs to be done. This is an important step as it shows that people do care and want to make a difference. One suggestion that has already been made and is under consideration is to have a *Parnasimautik*-type meeting in Puvirnituq.

Also, Saqijuq has been asked to assist with the development of a homeless shelter that should open in October (tentative date). This request was made by Maina Beaulne, coordinator of prevention and program promotion.

The Pigiatsiaq program, which is funded through Ungaluk, will also work in collaboration with Saqijuq, as the two share common goals.

The collaboration team has made recommendations based on the mapping and evaluation carried out in Puvirnituq. These recommendations show that there is still much work to be done in Puvirnituq.

Working Groups

There are presently three working groups that have become more active over the last few months, holding meetings and updating information provided to the Saqijuq coordination committee.

Each working group has various actions, objectives and activities that are described in the Saqijuq action plan. As of April 29, the majority of items have started (of 29 activities, 6 are still being planned, 15 have started, 5 are at least 50% completed and 3 have been completed).

It was decided that an ad hoc committee would be formed to find solutions to specific problems. Members will meet as needed, by telephone or in person. One example of issues for discussion is a detainee's need to attend a funeral: who will be responsible for organizing travel and paying for transportation and other expenses. Members will include representatives of Saqijuq, Makivik and the NRBHSS.

Board Of Governance

The Board of Governance, whose members include a representative of the *ministère de la Santé et des Services sociaux* (*MSSS*), the executive director of the NRBHSS, the KRG, Makivik, a representative of the *ministère de la Sécurité publique (MSP)* and a representative of the *ministère de la Justice (MJ)*, met twice in 2016. The first time was in Inukjuak, where a presentation was made on Saqijuq, the working groups and the budget.

At this meeting, the question was raised as to what the ministries are willing to do to assist with the financing of Saqijuq. The *MSSS* representative asked about a document that could show potential savings to the *MSSS* as well as other organizations. This document was presented to the Board of Governance on May 3.

Financing

There are many projects to be funded under Saqijuq, including: a new treatment centre; setup of support centres in Puvirnituq and Kangirsuk; numerous types of training (including cultural awareness and addictions) for counsellors, members of centres, Saqijuq and justice committees; improvements to services such as increased number of interveners, revision of treatment services in the South and setup of alternative types of treatment such as a mobile treatment centre.

The Saqijuq coordination team is funded solely by Ungaluk, but administration of the funds is covered by the NRBHSS. At some point in the near future, an organization needs to assume ownership of Saqijuq. The Regional Partnership Committee has practical responsibility, but as it is not a recognized entity, the NRBHSS has official responsibility. Projects that fall under Saqijuq could be partially funded by Ungaluk, but responsibility for Saqijuq needs to be settled. Ungaluk will not continue to fund the coordination team indefinitely.

Saqijuq has made two applications for additional funding:

- Law Foundation of Ontario: We are now in the second stage of our application. We should have an update in June. This will be to cover the costs of evaluation and so forth and is more specific to the judicial aspect ($70,000).
- Public Safety Canada, Québec and Nunavut Regions, Government of Canada: The funding requested will be for the setup of the support group in Puvirnituq. This will be for three years. We should learn whether the application is accepted and recommended for development early in June ($274,393).

Recommendations for Next Steps and Further Activities for Collaborative Research

April 2015

Mylène Jaccoud, Médiation sans frontière

The analysis of the implementation of Saqijuq and the resource mapping carried out by the collaborative research team starting September 2015 for the community of Puvirnituq led to five main statements:

1. The implementation of the Saqijuq action plan requires **strong leadership and involvement** in each pilot community. This leadership is not yet really noticeable;
2. Saqijuq is based on a **strong partnership** between the different resources and organizations of the community. This partnership has to be consolidated in Puvirnituq;
3. Consensus emerges from the workers involved in Puvirnituq community services on **priority to be put on young people**. Some people notice that preferred solutions to help and heal persons, whatever their age, are often based on traditional activities, which do not reach most of the young generation anymore. These people ask for solutions more adapted to the reality of the youth. Yet, there is a lack of understanding on needs and aspirations of young people;
4. **Financial support** for Saqijuq is required to ensure implementation of specific actions;
5. **Housing** remains a huge problem with many consequences: on community social problems, on the capacity of organizations to stabilize and reinforce their staff; this problem has an impact on development of resources but also on access to resources for the population of Puvirnituq. Even if Saqijuq cannot resolve this lack of housing, it should be noted that it has an impact on the attempts of Saqijuq to improve the situation in the first pilot community.

From these five statements, we suggest the six following actions over the coming months:

First statement

1. Work on building community leadership and encouraging community involvement in different activities linked to Saqijuq, prior to the implementation a support centre.

Second statement

2. Complete mapping in the two pilot communities.
3. Create a directory of Puvirnituq community resources and make it accessible for organizations and the population.

Third statement

4. Consult the population, especially young people, on needs and aspirations of the young generation.

Fourth statement

5. Obtain financial support to ensure the sustainability of the project.

Fifth statement

6. Make representations to organizations concerned in order to support and encourage housing in Puvirnituq.

Actions	Suggested activities	Objectives and potential spinoffs
Build community leadership	a) Organize and facilitate a gathering all the organizations and services in Puvirnituq; b) define actions according to activity results of point a (e.g., start the support centre); c) organize workshops for Inuit on community organization and leadership (according to results of point a).	◊ Appropriate, understand and adapt Saqijuq to the reality of Puvirnituq; ◊ share information on the functioning of all services and organizations; ◊ identify needs of the community (and validate relevancy of a support centre); ◊ reinforce partnership and draw up an intervention chart for the service network; ◊ implement a local coordination table; ◊ consolidate community services; ◊ reinforce Inuit empowerment; ◊ consolidate community services.
Complete mapping of pilot communities	a) Complete mapping of Puvirnituq (focus on justice, security sector and health/youth protection) with identification of service trajectories; b) start mapping of Kangirsuk.	◊ Obtain a complete profile of the resources and service trajectories; ◊ identify gaps to fill.
Create and update a directory of Puvirnituq community resources	a) Identify administrators of the directory (form and content); b) produce the directory in collaboration with key local actors; c) distribute the directory; d) maintain updates.	◊ Increase knowledge of and access to the resource network of Puvirnituq; ◊ use the directory as a reference tool for the clientele.
Consult young people	a) Synthesize information from other consultations; b) update this information through a forum for young people (consult local people to identify the best way to reach and involve the younger generation in this consultation).	◊ Identify the needs and aspirations of young people; ◊ communicate results of this consultation to key actors of the community; ◊ elaborate actions according to this consultation.

Actions	Suggested activities	Objectives and potential spinoffs
Obtain financial support	a) Identify actions and positions that require financial support; b) list potential donors; c) complete the communication plan for financial donors (and adapt the plan according to the sources of financial support); d) submit full application to the Law Foundation of Ontario.	◊ Ensure the sustainability of the project for 2017.
Make representations on housing	a) Communicate results of the mapping to key actors; b) recommend additional housing in Puvirnituq.	◊ Improve Saqijuq actions.

DEPARTMENT OF

PLANNING AND PROGRAMMING

Medical Affairs and Physical Health

Hiring

In 2015, the Nunavik region welcomed five new physicians: three at the Inuulitsivik Health Centre (IHC) and two at the Ungava Tulattavik Health Centre (UTHC). These physicians occupy a position in the region and perform 55% or more of their activities on the territory.

One physician of the IHC left the region in 2015.

For 2016 (from December 1, 2015, to November 30, 2016), the region will take on five new physicians: three at the IHC and two at the UTHC. One of them began practising at the IHC on March 20, 2016.

Thus, as of March 31, 2016, 35 general practitioners held a position in the region (with the exception of those who assume functions exclusively in public health).

During the year, the two health centres hired a part-time acting director of Professional Services.

In relation to non-negotiated incentives funded by the *Fonds de médecins en région (FMR)*, the region took in five family-medicine interns (three at the IHC and two at the UTHC). Moreover, through the program for decentralized medical training, several externs, first- and second-year family-medicine residents, and first- to fifth-year residents in specialties performed internships at the region's health centres.

For the second year, the region participated in the training program for First Nations and Inuit physicians of Québec, an initiative of the Québec faculties of medicine, and thus took in four interns (two at the IHC, one at the UTHC and one at the NRBHSS).

Pharmacy

The setup of measures retained under the regional plan of action for pharmacies designed by the regional board jointly with the region's health centres continued over the past year. Below are some examples of the actions undertaken:

- ◊ upgrade to the pharmacy-information system for the outpatient clientele of the UTHC and acquisition of such a system at the IHC;
- ◊ service supply for outpatients of the Puvirnituq CLSC;
- ◊ application of an agreement with a private pharmacy for the preparation of medication (dispensers or phials) for the UTHC.

This project should end in 2016-2017.

Cancerology and Palliative Care

The regional board adopted its cancerology program and plan of action, which outlines the objectives pursued until 2020. Implementation of the project for care and services of good quality and culturally adapted for Inuit and Cree cancer patients continued, jointly with the Cree Board of Health and Social Services of James Bay and the Nunavik health centres. This project is financially supported by the

Canadian Partnership against Cancer (CPAC) until the end of fiscal 2016-2017.

The regional board also supported the health centres in responding to the requirements under the *Act respecting end-of-life* care. Work continues toward increasing the regional service supply relative to palliative care.

Clinical Project Ilusiliriniqmi Pigutjiutini Qimirruniq (IPQ) for Physical Health

In 2014, the Department of Planning and Programming undertook a project to review, with its partners, the service supply and organization in relation to physical health throughout the territory. That mobilizing project aims at a better response to the population's needs. Resolution 2015-28 concerning the process for the IPQ for physical health was ratified in April 2015. Since then, the efforts and the setup of continuum committees for dental and specialized services have begun. Various partners were contacted and invited to participate in the steps of the process described in the reference framework for the IPQ for physical health. Recall that those committees' objective is to establish a common vision of the required services, a realistic service supply and organization methods adapted to the various clientele and to formulate recommendations for the board of directors. Deployment of other continuum committees will continue in 2016-2017.

Adult and Community Programs

Mental Health, Suicide Prevention, Men's Health and Well-Being

Puttautiit, First Regional Conference on Suicide Prevention

As one of the recommendations under the process for the Ilusiliriniqmi Pigutjiutini Qimirruniq, the regional board participated in the organization of the first regional conference on suicide prevention and on healing in Nunavik, which was held in Puvirnituq from October 5 to 10.

Inspired by the "Dialogue for Life" conference in Montréal, Puttautiit aims to raise the population's awareness on suicide and provide front-line workers and community members an opportunity to receive support and training.

The event brought together *Nunavimmiut* from the four corners of Nunavik. A total of more than 150 persons (participants, speakers, translators, members of support teams, organizers and so forth) assembled in Puvirnituq for this first annual edition.

The five-day conference enabled the participants to attend the Applied Suicide Intervention Skills Training (ASIST) as well as workshops on the history of colonization and on healing and grieving. The last day, open to all, was devoted to a networking activity in order to share information on the programs and services available in Nunavik. The day ended with an experimental workshop aimed at understanding the extreme changes faced by *Nunavimmiut* and exploring how bridges could be built to create a stronger community for the benefit of all its members.

During the week, several leisure and cultural activities were offered to the participants and community members by the Puttautiit conference's local committee and the municipality of Puvirnituq. A *qarmaq* was built by community members for the conference, which served as gathering place for sharing experiences and advice.

The Puttautiit conference will be an annual event in Nunavik, held in a different community each year.

Persons Lacking Autonomy, Elders and Rehabilitation

Elders

- Held first meeting of Regional Steering Committee on support for caregivers of Nunavik on January 20-21, 2015
- Formed Nunavik Respite Working Committee consisting of network partners and caregivers and collaboratively established a framework for respite program for Nunavik caregivers
- Took part in a local "Elder-friendly municipalities" (MADA) cross-sector meeting on September 8 and a regional MADA meeting on September 9-10, 2015
- Launched sixth regional campaign for International Elders' Day (October 1) thanks to funds from Nunavik Elders' Association
- Held second meeting of Regional Steering Committee on support for caregivers for Nunavik elders on March 3, 2016
- Collaborated with KRG on the first Nunavik policy on elders
- Collaborated with KRG, Avataq and Makivik on evaluating projects for elders (MADA)

Persons Lacking Autonomy (PLA) and Rehabilitation

- Held a regional meeting with PLA coordinators in June 2015 in Puvirnituq
- Collaborated with network partners on updating service supply (PLA, elders and rehabilitation)
- Worked with the network partners on completing the first phase of the project for an intensive physical-rehabilitation unit; telerehabilitation equipment was ordered for both health centres
- Supported both heath centres in offering training for PLA staff (PDSB (principles of moving clients safely) and OEMC (multi-clientele assessment tool)
- Continued collaboration with both health centres and regional organizations (KRG, Makivik, KSB) on improving services for deaf adults in Nunavik

Addictions

- Recruitment of a new officer responsible for the addictions program
- Delivery of the addictions training program (details of training so far in following table).

Nunavik Addiction Training per year and origin of trainees

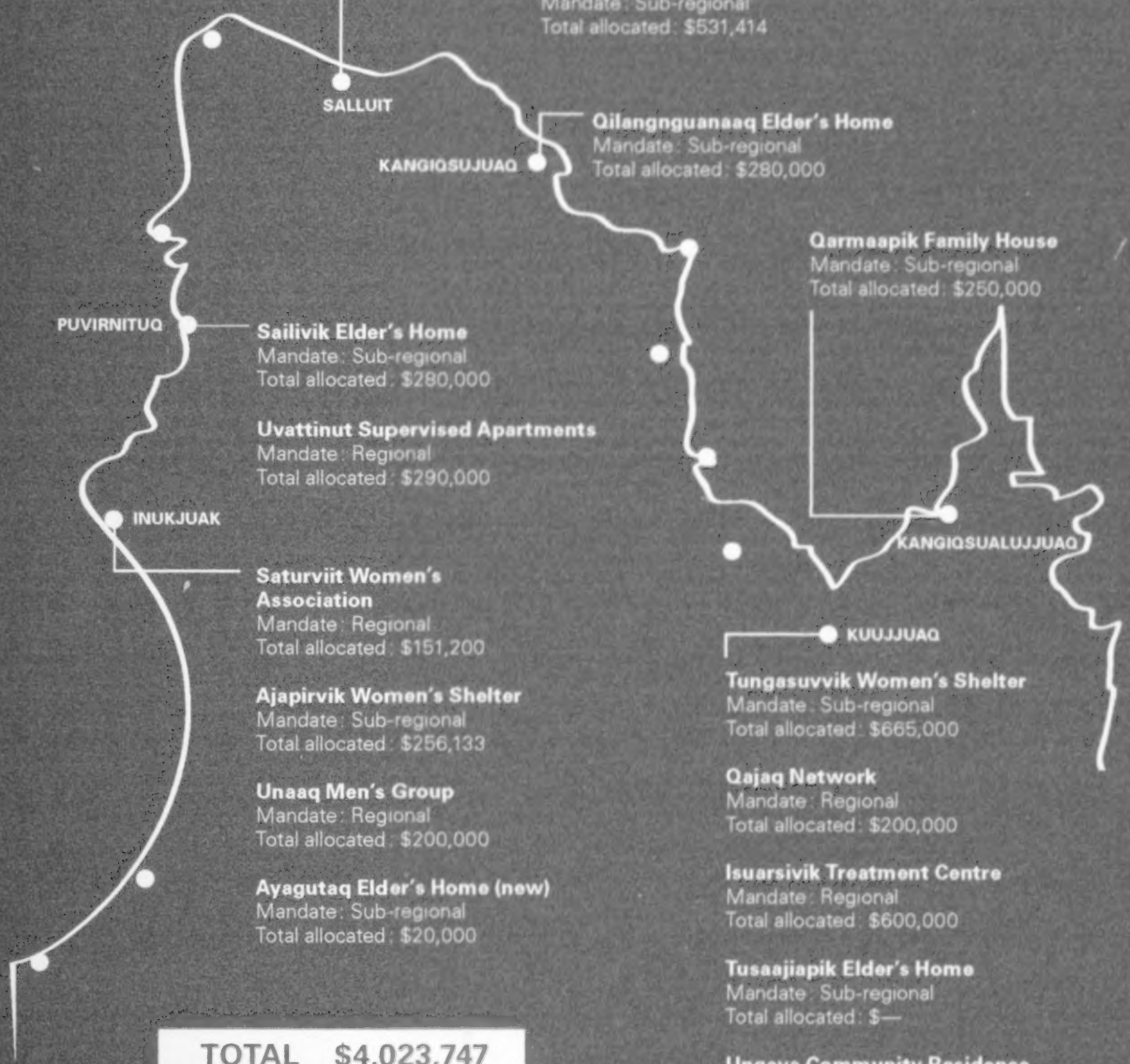
	Total	2012-2013	2013-2014	2014-2015	2015-2016
Kangiqsualujjuaq	**16**		1		15
Kuujjuaq	**52**		26	2	24
Tasiujaq	**8**		1	7	
Aupaluk	**0**				
Kangirsuk	**8**			8	
Quaqtaq	**2**		2		
Kangiqsujuaq	**19**		1	3	15
Total UNGAVA	**105**	**0**	**31**	**20**	**54**
Salluit	**20**			16	4

	Total	2012-2013	2013-2014	2014-2015	2015-2016
Ivujivik	10			2	8
Akulivik	3		2		1
Puvirnituq	15	1	12		2
Inukjuak	33	9	2	14	8
Umiujaq	1				1
Kuujjuarapik	2				2
Total HUDSON	**84**	**10**	**16**	**32**	**26**
Total NUNAVIK	**189**	**10**	**47**	**52**	**80**

Community Organizations

- Opening of the Qarmaapik family house in Kangiqsualujjuaq
- Support for the Ayagutaq Elders' Home Committee for hiring a project leader to assume responsibility for construction start-up
- Support for regular operations of community

Community Organizations Funding for 2015-2016



Initsiak Women's Shelter
Mandate: Sub-regional
Total allocated: $531,414

Qilangnguanaaq Elder's Home
Mandate: Sub-regional
Total allocated: $280,000

Qarmaapik Family House
Mandate: Sub-regional
Total allocated: $250,000

Sailivik Elder's Home
Mandate: Sub-regional
Total allocated: $280,000

Uvattinut Supervised Apartments
Mandate: Regional
Total allocated: $290,000

Saturviit Women's Association
Mandate: Regional
Total allocated: $151,200

Ajapirvik Women's Shelter
Mandate: Sub-regional
Total allocated: $256,133

Unaaq Men's Group
Mandate: Regional
Total allocated: $200,000

Ayagutaq Elder's Home (new)
Mandate: Sub-regional
Total allocated: $20,000

Tungasuvvik Women's Shelter
Mandate: Sub-regional
Total allocated: $665,000

Qajaq Network
Mandate: Regional
Total allocated: $200,000

Isuarsivik Treatment Centre
Mandate: Regional
Total allocated: $600,000

Tusaajiapik Elder's Home
Mandate: Sub-regional
Total allocated: $—

Ungava Community Residence
Mandate: Regional
Total allocated: $300,000

TOTAL $4,023,747

Children – Youths – Families (CYF)

The CYF team is responsible for overseeing activities related to the provision of services for children, youths and families in the region. The team's main task is to oversee the implantation of the *MSSS* service supply for youths in difficulty (2007-2015). The team works closely with regional partners of both health centres as well as community organizations in order to continue to develop an efficient and effective continuum of services for youths between the ages of 0 and 18 years and their families. The CYF team strives to support the development of services that are culturally relevant and which meet the needs of the region.

Regional Protocol on the Cross-Sector Agreement

The cross-sector agreement aims to guarantee the best possible protection and provide the necessary assistance to children who are victims of sexual abuse, physical abuse or severe neglect posing a risk to their physical health. A regional committee has been re-launched in order to oversee the work of developing a cross-sector protocol specific to Nunavik, which involves the coordination of services between the director of Youth Protection, the Kativik Regional Police Force and the Crown prosecutor. A regional protocol has thus been developed by a working committee and presented to the regional committee for its approval. A process to circulate this protocol is currently being planned for the upcoming spring. The regional committee on the cross-sector agreement will continue to meet twice annually to oversee the application of the regional protocol and the coordination of this agreement across Nunavik.

Regional Director of Youth Protection

In an effort to regionalize youth-protection services across Nunavik, a process of recruitment is under way in order to proceed with the hiring of a Nunavik director of Youth Protection who will be under the authority of the executive director of each health centre. Their mandate will be to oversee the provision of services to children, youths and families in accordance with the *Youth Protection Act*, the *Youth Criminal Justice Act* and laws regarding adoption. Among their many other responsibilities, the Nunavik director of Youth Protection will be responsible for advocating for children's rights, informing communities of developments related to youth services and seeking to empower communities to take actions towards improving conditions for child development and security. Interviews have been conducted and the director will be appointed in the near future. ■

DEPARTMENT OF PUBLIC HEALTH

Activities in public health are divided among various programs:

- programs for **protection**: infectious diseases, environmental health and occupational health;
- programs for the **promotion** of the population's health;
- programs for the **prevention** of diseases, psychosocial problems and trauma;
- ongoing **surveillance** of the population's state of health and vigilance.

The present report was drafted based on the above divisions.

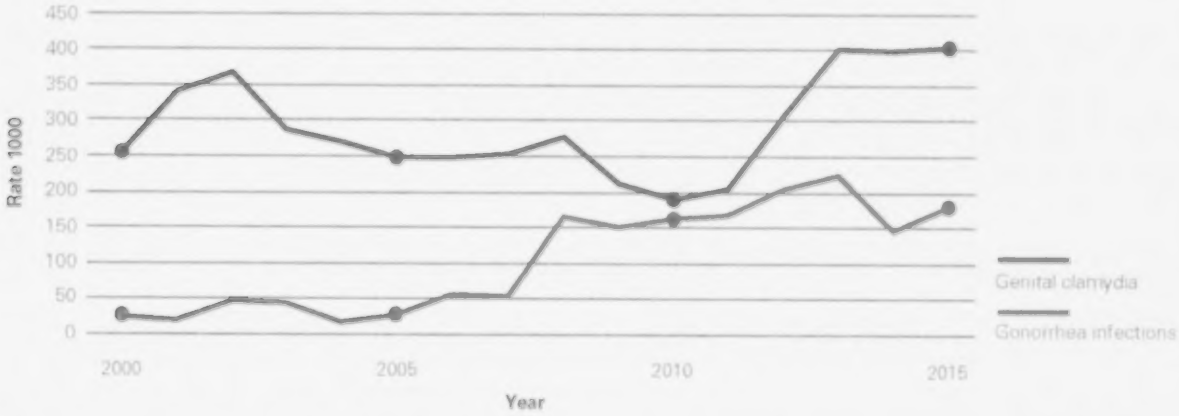
Protection of Public Health: Infectious Diseases, Environmental Health and Occupational Health

Infectious Diseases

STBIs

The rate of infection with *Chlamydia trachomatis* remained stable in the region in 2015. On the other hand, the drop in the rate of gonococcal infection observed in 2014 did not continue, going from 147 to 180 per 10 000 inhabitants. However, that rate remains below that of 2013, which was 225 per 10 000.

Table 1: Rate of incidence of genital chlamydia and gonococcal infections in Nunavik, 2000-2015



Sources: Nunavik Department of Public Health, April 2016 / MSSS, *Estimations et projections démographiques* (1981-1995: April 2012 version, 1996-2036 / *LSPQ*, Provincial *MADO* files / Public-health infocentre at the *Institut national de santé publique du Québec*; report from April 7, 2016.

The update to the aides and guides to practice destined for clinicians is complete. They are used in all Nunavik clinics. New projects are under way to enhance the service supply for the population, particularly for rapid screening, screening outside the CLSCs and new services for reaching individuals with an STBI and their sexual partners more quickly.

Unfortunately, the sexual-health education program is not yet being offered in all the Nunavik schools.

For that purpose, we need to solicit the support of our partners, notably the Kativik School Board and the schools, more actively. The involvement of local leaders would be an advantage in ensuring progress in this important area.

The communication strategy is presently under development. Its objective is to reach out to youths in order to modify their attitudes toward screening. Screening in conjunction with treatment for infected individuals should lead to reductions in the rates of infection presently endemic in Nunavik. Phases 1 and 2 of the communication strategy are complete; the campaign should be launched at the end of 2016.

The objectives in sexual health for 2016 are as follows:

- enhance the service supply in screening;
- improve communications with individuals with an STBI;
- increase the number of schools offering the sexual-health program;
- apply the communication strategy.

Tuberculosis

The spread of tuberculosis was a major issue in 2015 in Nunavik, with 43 cases identified for an incidence of 327.89/100 000 person-years compared to 31 cases in 2014 (236.05/100 000 person-years). In Québec in 2014, the incidence was 2.94/100 000 person-years.

Tuberculosis in Salluit

A vast screening operation began in the fall 2015 in Salluit, in response to a rise in cases of active tuberculosis, especially during the summer and fall. Roughly 350 individuals were thus tested in the context of the epidemiological survey launched after the discovery of a case of contagious tuberculosis. The operation targeted the rest of the population and ended in 2016. All those who had not yet been the object of the intervention were offered a TST or a pulmonary X-ray and medical evaluation depending on their history of tuberculosis infection.

As of December 31, 2015:

- 793 individuals were tested;
- 38 had had active tuberculosis before 2015;
- 481 had already been subjected to a TST;
- 211 (of the 481 subjected to a TST) had a test result equal to or greater than 5 mm, which indicated that they had already had a latent tuberculosis infection (LTI);
- 147 (69.7%) had already undergone preventive treatment, more than 80% of which had been completed;
- 575 underwent a new TST on the occasion of this screening operation;
- 62 of them had a test result equal to or greater than 5 mm;
- three cases of active tuberculosis were identified at this stage of the screening operation.

System for Managing Outbreaks

The efforts at establishing a digital system for managing tuberculosis outbreaks and monitoring cases and contacts in Nunavik continued in 2015. As none of the tools responded to the needs of the Nunavik Department of Public Health (DPH), work was carried out with the support of informatics resources of the *Institut national de santé publique du Québec (INSPQ)* to develop an application that should be

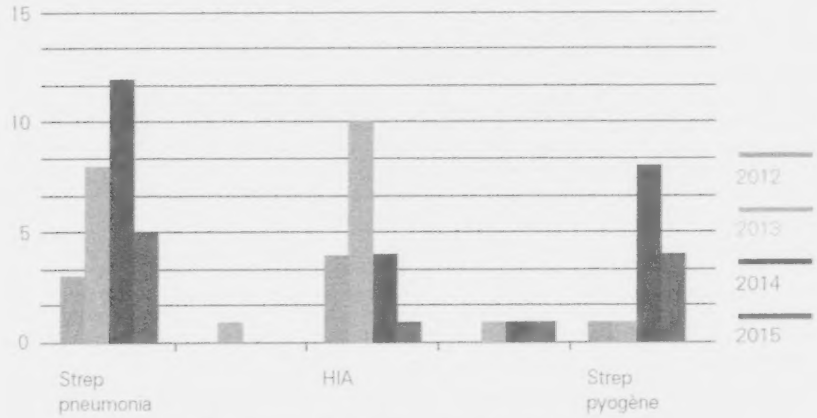
implemented during 2016.

Other *MADOs*

In 2015, four confirmed cases of foodborne botulism (type E), including one death, were reported in Nunavik. Those cases occurred during two distinct episodes: one isolated case and an aggregate of three cases. Fermented seal and beluga products were confirmed by a laboratory as the sources of these cases of botulinum poisoning. The last death due to botulism in Nunavik was reported in 1987.

The monitoring of invasive bacterial diseases revealed that fewer cases were reported in 2015 (*Streptococcus pneumonia (five), Haemophilus influenzae type A* (four), other type (one), *Pyogenic streptococcus* (four).

Table 2: Number of cases of invasive bacterial diseases in Nunavik, 2012 to 2015



Source: Compilation of data from circumpolar reports, 2012 to 2015

Immunization

Last December, the provincial vaccination registry was deployed in Nunavik. This registry contains the vaccination history of users in the entire province whose information has been digitally captured (e.g., *I-CLSC*). For Nunavik, these data are incomplete, as not all the vaccines have been entered into a digital record. Since the deployment, all vaccinators are required to enter the vaccines administered. The registry enables vaccinators to check, among other things, a user's vaccination history before administering a vaccine. It also permits establishing a profile of immunization coverage.

At the request of the Nunavik DPH, the group of experts from the *Comité d'immunisation du Québec (CIQ)* [Québec immunization committee] revised the protocol for the BCG vaccine as applicable in Nunavik. The *CIQ* recommends reintroduction of that vaccine for all the communities where the annual tuberculosis-infection rate is higher than 1%. The target groups are newborns and children under the age of two years. Four villages respond to the criteria: Inukjuak, Kangiqsualujjuaq, Salluit and Umiujaq. The vaccine has been offered in Kangiqsualujjuaq since October 2012 and in Salluit since August 2015 due to the outbreaks in those villages. Reintroduction of the vaccine for the other two communities is planned for 2016.

Environmental Health

Again this year, the environmental-health team was involved in the issue of mine exploration and exploitation in Nunavik. It coordinated the multidisciplinary team tasked with formulating

recommendations relative to health and social services issues for the preparation of the order for the project of the rare-earth mine in Strange Lake, Nunavik. Those recommendations, submitted to the Kativik Environmental Quality Commission (KEQC) in July 2015, outline the NRBHSS' preoccupations notably regarding effects on the population's physical and psychosocial health, consequences on the practices of hunting, fishing and gathering, and impacts on the organization of health services. The work was preceded by a day of training in Kuujjuaq with the goal of better preparing health professionals concerned with potential issues in health and social services or planning of health services related to the impacts of mining projects. A similar training program was provided in December 2015 for representatives of the Nunavik municipalities and landholding corporations in order to provide them with a glimpse of the mining issues related to the population's health, with consideration, notably, for the various types of mines, the phases of their life cycle and their location on the territory.

During the year, efforts also focussed on the development of a procedure for managing the reporting of reportable diseases of a chemical origin (chemical *MADOs*) as well as following up cases reported to the Nunavik DPH. In 2015, 76 reports were registered, most involving cases that exceeded the threshold for exposure to mercury.

The environmental-health team also intervened in response to several reports and requests for information of varying nature:

- hydrocarbon-fuel spills;
- mould;
- bed bugs;
- etc.

Moreover, in the aftermath of the incident at the Kangiqsualujjuaq arena in April 2015, a plan of action was designed in view of documenting arena problems in all the Nunavik communities as well as informing and raising awareness among the managers on the importance of monitoring the quality of indoor air at those establishments. Recall that more than 140 individuals were overcome by a toxic gas during the regional bantam hockey tournament at the Kangiqsualujjuaq arena, the probable cause being nitrogen dioxide emitted by a resurfacer (Zamboni).

In the spring 2015, a campaign was launched among the municipalities concerning the importance of protecting the health of bathers and guaranteeing the quality of swimming-pool water.

The environmental-health team worked jointly with the Kativik Regional Government on the monitoring of the quality of drinking water in the Nunavik communities. It notably ensured that the actions necessary to protecting public health were taken whenever the situation dictated.

Occupational Health

- For a Safe Maternity Experience
  - Over the past three years, we processed an average of 151 applications for reassignment per year. In 2015, 165 applications originating from 74 different establishments were processed by our medical advisor. As in previous years, the applications mostly came from early-childhood centres, schools, the health sector and businesses. Our medical advisor's recommendations are translated into English at the request of the attending physician or the pregnant woman.
- Mining Sector
  - The occupational-health team works with the two Nunavik mining enterprises on an average of four times per year for the nurse and two times per year for the physician responsible

for the health program specific to mines, in addition to teleconferences. There are some 1 500 workers at the two mining sites, including subcontractors. The team works at reduction of contaminants (noise, fumes, silica dust, lead, biological contaminants, mould and so forth) at the source, as well as on ergonomic and physical issues. Moreover, it inspects installations and is available for consultation for the purpose of creating environments conducive to the workers' physical and psychological health, whether underground or on the surface, as well as installations for on-site lodging (sewage treatment, drinking water, food services, etc.). It also covers emergency first-response services and first aid with the establishments' health and safety committees and follows up response to recommendations during its visits.

◊ Public-Administration Sector

- Our department has a nurse, permanently based in Kuujjuaq, who visits the 14 municipalities during the year. Those visits cover the municipal installations (garages, drinking-water plants, arenas, fire stations, pools, sewage) as well as the carpentry workshops and police stations. The nurse is supported by a medical advisor and an industrial hygienist. The team ensures that worker health is not compromised and also provides information, training on biohazards, noise and fumes, and other services as needed. It also conducts investigations in cases of hazards to worker health.

◊ Requests for Services

- During the year, we responded to requests for services from the *CSST*, the Department of Public Health and various workplaces concerning worker health and safety.

Health Promotion and Prevention of Diseases, Psychosocial Problems and Trauma

Several intervention strategies are applied in prevention and health promotion covering various components, such as, for example, nutrition, food security, physically active lifestyles, prevention of smoking and prevention of diabetes. These strategies aim to reinforce community action, develop personal skills and create environments conducive to health. For that purpose, actions go through community support in the form of funding, initiative planning and start-up, training, creation of educational aides and so forth.

A large part of the team's resources supports projects led and conceived by and for the communities,[1] projects that continue over a period of years. Below are but a few examples:

◊ Blue Nose Marathon;

◊ volleyball in Salluit (grade 8);

◊ community kitchens;

◊ meetings with diabetic individuals;

◊ nutrition-education activities;

◊ projects involving food aid and autonomy;

◊ Jeunes Karibus.

The communities' and various players' involvement and succession in terms of maintaining activities are key elements.

Ilagiilluta Program[2]

Regional Coordination Committee for Ilagiilluta/Nuisuurq/Qiturngavut

The regional coordination committee for Ilagiilluta/Nuisuurq and Qiturngavut voted to name this program Ilagiilluta, to acknowledge the incredible work done by the Ilagitsuta team in Puvirnituq. Two meetings were

1 Community-based and community-led projects
2 Integrated Services in Perinatality and Early Childhood Program (ISPECV/*Services intégrés en périnatalité et petite enfance (SIPPE)*

held, one in June and one in December. The redaction of an Ilagiilluta framework, the development of an Inuit-specific development tool and the deployment of the neglect program were discussed.

FASD Prevention and Awareness Raising

In 2015-2016, the stakeholders worked at the deployment of the FASD prevention and awareness raising throughout Nunavik; activities are ongoing in Kuujjuaq and Puvirnituq. The NRBHSS supported two training programs, one on each coast, to train front-line workers in FASD prevention in their communities. CLWWs, midwives and other front-line workers have been trained. They will receive further support for the deployment of prevention activities in their communities.

Healthy Schools

Fifteen of the region's seventeen schools applied for funding under the Healthy Schools program, covering a wide variety of topics, including:

- nutrition,
- prevention of diabetes,
- healthy relationships,
- oral health,
- prevention of infections,
- physically active lifestyles,
- mental health,
- prevention of violence,
- prevention of alcohol and drug use,
- smoking reduction,
- stress management,
- sexual health,
- safety.

Nutrition, physically active lifestyles, mental health and stress management were the most popular topics.

Further, a new resource was hired for the portfolio of preventing bullying whose tasks include taking an inventory of the interventions performed in the schools relative to prevention of bullying and assessing the needs for such interventions. The resource's tasks are not limited to school environments but also cover the community.

Baby-Book Program

A memorandum of understanding is being drafted among all the stakeholders, health centres, the KSB and the NRBHSS to start deploying the program throughout Nunavik.

Recruitment of a regional trainer is under way and two regional training programs are currently being planned.

Communication Campaign to Reduce Child Exposure to Risky Behaviour Linked to Alcohol Abuse

As alcohol abuse in caregivers constitutes an important risk factor for child sexual abuse, neglect and domestic violence, a communication campaign will be launched. The campaign responds to the third objective of the Ilagiilluta program, which is to create safe environments for children. The call for tenders is currently under way.

GOOD TOUCH/BAD TOUCH PROGRAM (GTBT)

- The GTBT was deployed in the following communities:
  - fully in Kangiqsualujjuaq (February 2015);

- first part of the program (week 1 of 2) in Puvirnituq (April 2015);
- fully in Kuujjuaraapik (April to June 2015).

◊ In September, the training "Community is the medicine" was offered to the GTBT team.

◊ Moreover, recruitment for the position for GTBT coordinator is under way but the position remains vacant.

◊ Dominique Lavallée and Stéphanie Jodoin served as acting psychosocial officers in the DPH pending the hiring of a permanent officer.

◊ Moreover, the application for Ungaluk funding for the 2016 GTBT program was accepted.

◊ In January, the "Hidden Face" workshop was offered in Kuujjuaq (part 1 of GTBT); in March, the "Kids Have the Right to Be Safe" workshop was offered in Kuujjuaq.

Nutrition

A total of 14 regular community projects related to nutrition and food security were supported in 10 communities.

One-off projects such as the distribution of healthy snacks during summer camps or sporting events and various activities were organized under various promotional campaigns such as:

◊ Nutrition Month;

◊ Country Food Day;

◊ Breast-feeding Week.

The DPH also participated in the deployment of regional programs, such as the in-store nutrition program, which aims at improving the food environment and helping consumers make healthy choices at the points of purchase, and which continued in the 14 communities. Jointly with the Inuulitsivik and Tulattavik Health Centres, the DPH also financially supports a program providing access to healthy foods for pregnant women. Likewise, in partnership with the KSB, the KRG and the Breakfast Club of Canada, the DPH funded breakfast clubs in eight of the region's schools.

To combat food insecurity, which affects more than half the families in the region, the DPH coordinates a process that was launched in 2014 for the drafting and adoption of a regional food-security policy. A working group consisting of 14 representatives of the principal regional organizations and associations was set up to design that policy. Four meetings were held in the past year, enabling a better understanding of the existing programs and initiatives in the region to improve food security and identify the priorities to form the basis of the policy. The work begun will continue in the coming year.

The DPH also coordinates the Nunavik Nutrition and Health Committee (NNHC), whose mission is to advise and guide various research projects on nutrition and contaminants in the region.

Diabetes

Jointly with the two health centres, health professionals visited the communities once or twice during the past year to meet with diabetic individuals in groups or individually. The objective of those meetings is to provide information on the roles of nutrition, physical activity and stress management in controlling diabetes. Other complementary activities raising awareness on diabetes are also organized.

Annual screening for diabetic retinopathy among diabetic individuals was also held at both health institutions.

Smoking

Work on smoking prevention and on support for cessation, carried out jointly with the *INSPQ*, began in order to gain a better understanding of the attitudes, beliefs and behaviour relative to tobacco use. The joint efforts included identifying the best ways to reach targeted individuals.

The target groups are:

- ◊ young persons;
- ◊ pregnant women;
- ◊ parents of young children;
- ◊ adults.

Consultations will be held over the coming months with the above groups.

Physical Activity

Overall health is at the heart of the prevention and promotion team's preoccupations, thus the support for several multidimensional projects.

Below are some project examples:

- ◊ Blue Nose Marathon for youths in Salluit;
- ◊ Déry health challenge for adults in Kuujjuaq;
- ◊ activities for fathers and their children in Inukjuak;
- ◊ Jeunes Karibus in four communities.

All of these activities were held over a more or less long period and required a level of commitment from the participants. Further, a multitude of aspects came into play, through weekly training, learning about stress management, participating in activities, creating interpersonal ties, exceeding personal capacities, persevering and so forth.

Ongoing Monitoring of the Population's Health and Vigilance

Monitoring is a function that supports activities in prevention, promotion and protection. It in turn is supported by vigilance. Monitoring and vigilance together support decision making through analysis of various data banks and production of presentation documents, summaries, demographic data, etc.

In 2015, 875 cases of reportable diseases (*MADO*s) were registered. Among sexually transmitted and bloodborne infections (STBIs), genital chlamydiosis and gonococcal infection had the highest rates, accounting for more than 90% of all *MADO*s reported in Nunavik.

Airborne diseases came in second in terms of rate. Active tuberculosis represented roughly 90% of reported cases in this group.

There were no reports of nosocomial infections for the region in 2015, most likely due to the fact that there is no system in place to monitor these cases.

Table 3: Reported cases by *MADO* group, sexes combined, all ages, Nunavik, 2015-2016

***MADO* group**	**Frequency (%)**
Total sexually transmitted and bloodborne infections	**767 (89.7)**
Total airborne diseases	**48 (5.6)**
Total bowel diseases and food- or waterborne diseases	24 (2.8)
Total vaccine-avoidable diseases	11 (1.3)
Total diseases subject to heightened reporting *(botulism*)*	4* (0.5)

Source: Public-health infocentre of the *Institut national de santé publique du Québec*, report from April 7, 2016.

Two health profiles were produced jointly with the *INSPQ*: a health profile of young children and their mothers (2014) and a health profile of youths, adults and elderly persons (2015). ■

DEPARTMENT OF
INUIT VALUES AND PRACTICES

The Department of Inuit Values and Practices is responsible for two contribution agreements with the Federal Government:

- The **Brighter Futures program**, which provides funding for all the communities on a per capita basis. Although there was a long delay in receiving the funding this year, 49 projects were approved and completed before March 31, 2016.
- The **Indian and Residential School (IRS) Resolution Health Support Program** continues to function with Health Canada to support the Emotional Health Support Program for former students of our region. The mandate of these support workers is to offer emotional support to former students of residential schools and their families, especially those who will undergo the independent assessment process (IAP) in the coming months. The communities of Kuujjuaq, Salluit, Inukjuak, Puvirnituq, Akulivik, Aupaluk, Kangirsuk, Umiujaq and Ivujivik were visited to meet with clients who need emotional-health support. The emotional-health support team also assists the CLSCs and the schools to support individuals in need of counselling.

The department manages the following provincial programs:

- **Midwifery:** The Department of Inuit Values and Practices has been mandated by the executive director to work on the regional framework for the implementation of the birthing centre in our region and on the clinical plan for Kuujjuaq's birthing centre. The director of IVP and Fabien Pernet have been working with the midwifery coordinator on the Ungava coast, Marie-José Gagnon, on producing the documents to be submitted to the boards of directors of the Nunavik Regional Board of Health and Social Services and the two institutions—Tulattavik and Inuulitsivik—and subsequently to the *MSSS*.
  - The final draft of the "Kuujjuaq Birthing Center Clinical Plan" was finished in the beginning of February and approved by the UTHC board of directors. This clinical plan was then presented to the *MSSS*, and the working committee will likely have to defend our project before the *MSSS* in May.
  - The final draft of the "Regional Framework for Birthing Houses and Midwifery in Nunavik" was finalized in February and March and then presented during the NMWG face-to-face meeting in Inukjuak, March 30 and 31. The NMWG approved the regional framework.
- **Prevention of Elder Abuse:** The region applies the *2010-2015 Governmental Action Plan to Counter Elder Abuse*, a ministerial program promoting a regionally grounded approach to help abused and vulnerable elders. The regional coordinator to counter elder abuse is thus part of the Department of Inuit Values and Practices, ensuring that Nunavik elders benefit from culturally adapted measures. His mandate is also the empowerment of elders and their caregivers and the promotion of individual and cultural resilience.

  During the first year of his mandate, the regional coordinator drafted a plan of action, based on local consultations with Nunavik elders. This year, many efforts have been made to strengthen regional collaboration with the major regional partners and stakeholders. Root causes of elder abuse across Nunavik can only be addressed through a concerted, cooperative approach, involving guidance from elders and shared resources with the partners.
- **Wellness Committees:** A wellness committee is an organized group of community members whose purpose is to identify health and wellness needs. Members should serve as liaison

between the population and the service providers. Twelve of the fourteen communities have such a committee.

◊ **Traditional Adoption:** The NRBHSS and Makivik Corporation are currently jointly coordinating a core group to assess the region's needs and intent regarding the development of a program for traditional adoption for and by *Nunavimmiut*. The core group intends to propose a framework on Nunavik Inuit adoption taking into account lessons learned from the past and integrating the underlying core values. To carry out its work properly, the core group will host meetings and working sessions and will consult communities and interested partners. After validation at a regional forum, final proposals will be presented to the boards of directors of the NRBHSS and Makivik Corporation. ■

REGIONAL DEVELOPMENT OF HUMAN RESOURCES

The year 2015-2016 was a remarkable year for the number of training programs deployed in the health and social services network in Nunavik. All training programs from 2014-2015 continued and the Department of Regional Human-Resources Development (DRHRD) also has many projects under way for next year which started in 2015-2016, such as the Boscoville 2000 training for employees of the new rehabilitation centre in Inukjuak and the addition of an extra day of training on cultural adaptation for new employees coming to work in Nunavik. In partnership with the Kativik School Board, the department is also developing an accredited training program leading to an AEC (attestation to collegial studies) for health-care and home-care assistants. Most importantly, two accredited programs leading to AEC are being developed in partnership with Marie-Victorin College.

Training

Training in Social Work (Youth Protection and CLSC), Specialized Education and Administration

Psychosocial training, provided by Marie-Victorin College, continued in 2015-2016. In the youth-protection and CLSC front-line services program, 30 training sessions were held in Kuujjuaq, Puvirnituq and Salluit between April 2015 and April 2016. In specialized education (rehabilitation), 24 training sessions were held in Kuujjuaq, Puvirnituq and Salluit. Finally, Marie-Victorin College continued delivering the training in communication and administration in 2015-2016 for a total of 23 sessions held in Kuujjuaq and Puvirnituq.

Psychosocial Training in Rehabilitation Centres

As a centre for innovation and development of social-adaptation, rehabilitation and youth-mobilization practices, Boscoville develops various programs and tools to provide training and coaching to youth-services workers based on the most effective intervention approaches. In 2015-2016, Boscoville worked with the Puvirnituq group-home team for a total of 78 days spread out over nine trips. The development agent helped the team to develop skills in positive behavioural interventions. This system is based on the psychoeducational structural model in rehabilitation services for Inuit clients under the *Youth Protection Act (YPA)* and the *Youth Criminal Justice Act (YCJA)*.

Inuit Management Training Program

Over the past year, three university-level courses were provided under McGill University's health and social services management certificate program (30-credit program). A total of 15 Inuit personnel members (management personnel and potential management personnel) participated in this training. The courses are given intensively over seven days in alternation between Kuujjuaq and Puvirnituq. Seven new students recently enrolled in the program this year. One more student completed the 30-credit program and attended her ceremony at McGill University in November 2015. Many other students are on their way to completing this program.

Orientation and Integration Training

Every new employee in the health and social services network takes part in orientation and integration

training. The first day of training provides an introduction to Inuit culture while the second day helps prepare new employees to live in Nunavik. In total, 17 sessions were held this year and 86 new employees participated. Work began in the early months of 2016 to add new content to this training. As of May 2016, there will be an additional day of training for cultural adaptation.

Clinical Projects

Several projects related to the clinical projects continued in collaboration with the Department of Planning and Programming and various committees. An example is the Puttautiit Conference, a regional suicide-prevention and healing conference and the first of its kind in Nunavik, held in Puvirnituq in the fall. A well-being network exhibition was organized by the department, providing an opportunity for participants and community members to learn about the different programs and services in the region which contribute to the well-being of *Nunavimmiut*. Among other projects, in the coming year a regional adaptation committee will oversee the adaptation of a training program on attachment for interveners working with youths in difficulty and their families.

Promotion and Recruitment

Career Promotion within Nunavik

Department members visited five communities in 2015. Presentations about Nunavik's health and social services network were made to high-school students and CLSC visits were organized with students interested in that field of work. Collaboration is also being developed with the Kativik School Board for community visits under the Futures Fair project.

Career Promotion outside Nunavik

The NRBHSS was present at various career fairs and universities to promote specialized jobs in Nunavik. The region was represented at 14 different university career fairs and career conferences and the Perspective Nunavik booth and promotional items have been very popular. These opportunities are a good way to promote careers in Nunavik's health and social services network. ■

DEPARTMENT OF
OUT-OF-REGION SERVICES

MNQ Relocation Project

The year 2015 was a milestone for this project as we accepted the bid for the leasing of a new patient-lodging facility.

The plans and specifications have been discussed and definitive versions should be ready in the near future.

The construction of the building began in December 2015. As of March 23, 2016, work on the third floor was under way. The fourth and last floor should be completed in April. The new building will be rented by the Inuulitsivik Health Centre for a period of 15 years; it should be complete by November 2016 and ready for occupancy by December 2016. We are awaiting *MSSS* authorization before Inuulitsivik signs the lease.

The working group for the *MNQ* (*Module du Nord québécois*, or Northern Québec Module) relocation project meets every second Wednesday to follow up the requirements of the action plans. The plans and specifications are supervised by our architect firm EVOQ (formerly FGDMA).

A competition for a new name to replace *Module du Nord québécois* is under way. The new name should be selected by April, after which a new logo will be chosen.

For the new Dorval location, we asked the *MSSS* for a special budget of $1,157,113.10 to cover the furniture, telephone system and moving expenses. Upon approval, we will proceed with a call for tenders.

The new location is 695 Orly Avenue in Dorval, H9P 1G1; it is close to Dorval airport and Côte-de-Liesse highway.

From October 2015 to February 2016, the average occupancy rate of the *MNQ* on Tupper Street in Westmount was 76.75% (as an example, in February 2016, the occupancy rate was 80%). The total for patients was 2,173 nights, for escorts, 1,433 nights at the YMCA.

Due to lack of space, patients are sometimes obliged to lodge elsewhere. For example, in February 2016:

- 935 nights were rented at hotels;
- patients stayed 1,427 nights with friends or relatives.

The *MNQ* staff provide services to all patients staying at the *MNQ*, at hotels as well as with friends or relatives.

Homelessness Committee

Increased Services for Inuit and Aboriginals in the City

There has been a renewed effort by local law-enforcement and other urban agencies in the City of Montréal to reduce problems of homelessness.

As participant in one of the committees in the Montreal Urban Aboriginal Community Strategy Network, a department representative attended regular meetings throughout the year.

Open and respectful relations with the Montréal Police Force are an integral part of a successful action plan. The police force has acquired more specific training on dealing with First Nations members and Inuit. A tangible result is a memorandum of understanding (MOU) that allows for more community involvement and cultural-sensitivity training by the police force.

A major survey was conducted in the summer of 2015 whereby a count was made of all homeless people in the city.

Non-Insured Health Benefits (NIHB) Program

The NIHB is being monitored more closely by the *MSSS* and consequently by the NRBHSS. The costs associated with this program are substantial at over $43 million annually.

A committee was set up and tasked with monitoring the program in order to ensure better control of costs. Although several meetings were held on this matter, for the time being the program remains unchanged.

We believe in providing the population with adequate services to which it is entitled; at the same time, we must ensure optimal use of the financial resources granted.

The following are covered by the NIHB program:

- medications;
- dentistry;
- dental supplies;
- denture therapy, orthodontics;
- purchased services;
- optometry;
- eye examinations;
- spectacles;
- orthodontic devices and prostheses;
- hearing aids;
- rental of particular equipment;
- medical supplies;
- transportation for patients, when admissible, and escorts;
- repatriation of cadavers;
- lodging for patients and escorts in transit in villages;
- lodging for patients and escorts in Montréal.

RCORS (Regional Committee on Out-of-Region Services)

Internal Committee's Name Change

Previously known as the Regional Committee on Management of Patient Service (RCMPS), the committee is now the Regional Committee on Out-of-Region Services (RCORS).

The committee's membership remains unchanged for the most part, with the exception of the assistant to the executive director, who is no longer a regular member. The members are the executive directors of the Inuulitsivik and Tulattavik Health Centres, the director of Administrative Services, the director of Planning and Programming, the director of Out-of-Region Services, the director of the *MNQ* and the executive director of the NRBHSS.

The RCORS's mandates consist of supporting the institutions in their work at establishing hierarchy among and integrating care and services and establishing the broad, regional guidelines concerning programs and service organization, which enable all involved to better assume their responsibilities with their respective populations. ■

DEPARTMENT OF

ADMINISTRATIVE SERVICES

The Department of Administrative Services provides a wide variety of support services for all other departments of the health board.

Some of our primary resource management services include: budget and financial services, human resource management, procurement services and facilities management. The department also supports the annual development and follow-up of the strategic regional planning. In link with the strategic planning, the department manages the development and follow-up of capital projects for short to long term investments for the Nunavik health and social services network.

The department also ensures support for the two health centers in the region on different files, such as budgeting and other financial services; as well as the maintenance of major assets through different renovation and replacement projects.

The team of administrative services work to establish, maintain, and foster positive, productive and respectful working relationships to ensure efficient and effective use of resources.

Financial Resources

Regional Budget

The 2015-2016 regional credits received from the *MSSS* totaled $171 million to fund the Nunavik Health and Social Services network as shown in the table below. During the year, the regional credits were allocated by the NRBHSS to various institutions. For their operations, both health centres received funding in the amount of $130 million. The NRBHSS paid and transferred $7.6 million to eligible community organizations. From this envelope, the NRBHSS also received and managed assigned funds, namely Non Insured Health Benefits Program.

Allocations	2014-2015	2015-2016
Establishments		
Inuulitsivik Health Centre	70M	73M
Ungava Tulattavik Health Centre	58M	57M
NRBHSS Assigned Funds		
Non Insured Health Benefits	21M	21M
Others	7.9M	8M
Community Youth Houses		
Youth Centres	3.9M	4M
Others (Community Organization Table)	3.7M	4.1M
Reserved - special projects not realized yet	2.5M	2.5M
Total Transfers	**167M**	**171M**

Operating Budget and Financial Results of the Health Centres

The NRBHSS, in fulfilling its supervisory role relative to the health centres, carried out major efforts throughout the year, including numerous meetings, to ensure proper financial follow-up.

The Ungava Tulattavik Health Centre ended with an operating surplus of approximately $2,232,984 for the current year. Its accumulated deficit amounts to approximately $6,633,880. The surplus will be used to reimburse part of the accumulated deficit. Support continues to be provided to this health centre in order to pursue the objectives of the multi-year recovery plan without negatively affecting the services provided to the population.

This year, the Inuulitsivik Health Centre ended the year with a surplus of $ 1,569,204 as shown in the table below.

Public institutions	2014-2015		2015-2016	
	Net Budget Authorized	Surplus (deficit)	Net Budget Authorized	Estimated Surplus (deficit)
Inuulitsivik Health Centre	70M	498,024	75M	1,569,204
Tulattavik Health Centre	58M	138,645	61M	2,232,984
Total	**128M**	**636,669**	**136M**	**3,802,188**

Funding of Community Organizations

The table below shows the amount allocated to eligible community organizations:

Community Organizations	2014-2015	2015-2016
Elders' Home		
Qilannguanaaq	250 000	280 000
Sailivik	219 999	280 000
Tusaajiapik	129 173	0
Inuit Women's Association of Nunavik		
Saturviit	150 000	151 200
Men's Association		
Qajaq Network	200 000	200 000
Men's Association of Inukjuak		
Unaaq	200 000	200 000
Supervised Apartments		
Community Lodging - Ungava	280 000	300 000
Supported Living Environment		
Community Lodging – Uvattinut	280 000	290 000
Treatment Centre		
Isuarsivik	572 000	600 000
Women's Shelter		
Ajapirvik	254 100	256 133
Initsiak	527 197	531 414

Community Organizations	2014-2015	2015-2016
Tungasuvvik	665 000	665 000
Family House		
Ayagutaq	0	20 000
Qarmaapik	0	250 000
Youth Association	0	100 000
Total Transfers	**3 727 469**	**4 123 747**

2015-2016 Operating Budget

In accordance with the *Act respecting health services and social services* (Chapter S-4.2) and the *MSSS* bulletins, the 2015-2016 operating-budget estimates were produced and adopted by the board of directors of the NRBHSS. As a result of proper budget planning and processes, the NRBHSS has ended its fiscal year with a minor surplus.

As one of its responsibilities, the Department of Administrative Services provided financial expertise and support to all departments including the Audit Committee.

Earmarked Funds

In addition to this operating budget, the NRBHSS also received and managed earmarked funds for specific activities. These earmarked funds were financed through two difference sources, one directly from the MSSS and the other from the regional envelope.

Fixed-Assets Funds

The 2015-2016 conservation and functional three-year plan was finalized. In close collaboration with the health centres, more support and funds were provided by the NRBHSS to accomplish most of the projects in Nunavik. The NRBHSS transferred $5.8 million in total for various fixed-assets projects. This amount was divided into four regional envelopes as shown in the table below:

Organization	Building Maintenance	Functional Renovations	Medical Equipment	Non-Medical Equipment	TOTAL
UTHC	743 776	156 375	530 151	214 214	1 644 516
IHC	2 036 674	1 014 190	503 489	402 014	3 956 367
NRBHSS	148 873	47 876	0	2 923	199 672
Total	**2 929 323**	**1 218 441**	**1 033 640**	**619 151**	**5 800 555**

The NRBHSS supported many projects in 2015-2016 in order to successfully maintain, improve and conserve our institutional and residential park.

Federal Funds

The contribution agreements for $7.2 million were signed with the federal government for 2015-2016 (see table below). Unlike the provincial earmarked funds, at the end of the year, the federal government recovers any unused funds.

Health Canada	2014-2015	2015-2016
Aboriginal Diabetes Initiative	635 632	540 683
Aboriginal Health Human Resources Initiative	0	0
Brighter Futures	1 153 893	1 153 893
Fetal Alcohol Spectrum Disorder	351 762	351 762
Home and Community Care	2 305 773	2 374 946
Indian Residential Schools Portfolio	675 530	675 530
Mental-Health Crisis Management	870 719	870 719
Nutrition North Canada	490 000	490 000
Prenatal Nutrition Program	445 082	314 234
Suicide-Prevention Strategy	160 000	169 273
Federal Tobacco Control	0	220 566
Indian and Northern Affairs		
Family Violence	15 463	0
Nunavik Nutrition and Health Committee	89 643	58 914
Total Subsidies	**7 18 547**	**7 214 526**

Various Activities

The NRBHSS supported and contributed to various specific areas as shown below:

◊ **Strategic Regional Plan**
The Department of Administrative Services supported the elaboration of the 2015-2016 Action Plan that was approved by the *MSSS* in a letter dated July 24 2015, authorizing the $7.6 million recurrent budget for the development of services in Nunavik. In compliance with the requirements of the agreement, a rendering of accounts was completed and presented to the *MSSS*.

◊ **Ulluriaq Transition Plan (Rehabilitation Services for Youth in Difficulty)**
In September 2015, transfer of the Ulluriaq project to the Ungnava Tulattavik Health Centre was completed.

◊ **Community Youth House**
During the year, the NRBHSS assisted the Nunavik Youth House Association (NYHA) with the urgent need to renovate their youth houses. The objective is to improve the operation of the facilities to better suit Nunavik youth.

◊ **Information Services**
The information Technology department returned under the authority of the Administrative Services Department.

Capital Master Plan

On February 15, 2011, the NRBHSS concluded an agreement with the *MSSS* which allocated funding for the following capital projects:

Health and social services	$200M
Personnel housing	$80M
Total	**$280M**

In compliance with this agreement, the NRBHSS revised the CMP to establish priorities in short- and long-term capital investments and to serve as a management tool. The Capital Master Plan Advisory Committee continues to update the Capital Master Plan and follow up capital projects in Nunavik.

As of March 31, 2016, the capital envelope reads as follows:

#	Projects	Facilities for Health and Social Services $200M	Staff Housing $80M
1	Projects begun before the signature of the agreement: equipment procurement, asset maintenance, office space, group homes (2), 19 assisted living units (Kangiqsualujjuaq), 46 housing units (2009)	18.3	20.4
2	70 staff-housing units (2011-2012)		33.9
3	Construction of a DYP building in Puvirnituq	12.8	
4	Rehabilitation centre for girls (12-18 years) in Inukjuak	24.7	
5	50 housing units		25.7
6	Aupaluk CLSC (Estimated)	19	
	Total committed	**74.8**	**80**
	Available balance	**125.2**	

Capital Projects

Rehabilitation Centre for Girls (Ages 12-18) in Inukjuak (Ulluriaq)

Three (3) new buildings include a living facility for its clientele, an administration section as well as a transit building for visiting families and a garage to store recreational equipment for traditional activities were completed in September 2015.

Aupaluk CLSC

Production of the functional and technical plan (FTP) was completed on March 2016. The selection process for the project manager is underway.

Staff-Housing 2015-2016

The *MSSS* approved 50 out of 92 housing units identified in the Strategic Regional Plan. To date, we have completed the following stages of the project:

◊ Construction and delivery of 18 units was completed at the end of March 2016. Remaining units will be delivered before September 2016.

Construction Committee

During the year, the Construction Committee held meetings with stakeholders, professionals and the *MSSS*. The committee continues to provide proper management tools and direction for each project.

Human Resources

The work carried out in 2015-2016 in the human resources department have mainly focused on:

- The transfer of the Ulluriaq work teams in the respect of clients, employees and working conditions prevailing. The transfer to the Ungava Tulattavik Health Centre took place in September 2015 in accordance with the action plan;
- The staffing (recruitment, selection, hiring) was done in consideration of a decrease in service offers as well as housing shortage and lack of workspace;
- The management of the various benefits related to working conditions.

Job Registry by Direction and Status March 31st 2016

Departements	Permanent full time	Temporary full time specific project	Temporary Part time
Executive management			
employees	11	2	
management	2		
Administrative services			
employees	15	0.7	1
management	5		1
Out of region service			
employees	1	0.8	
management	1		
Planning programming			
employees	18	2	
management	4		
Inuit values and practices			
employees		7	
management	1		
Regional human ressources development			
employees	4	0.5	
management	1		
Public health			
employees	15	3	1
management	2		
Total	**80**	**16**	**3**

NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES

SUMMARY FINANCIAL REPORT

MARCH 31, 2016

NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES
SUMMARY FINANCIAL REPORT
MARCH 31, 2016

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SYNOPSIS REVIEW

NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES
SYNOPSIS REVIEW
MARCH 31, 2016

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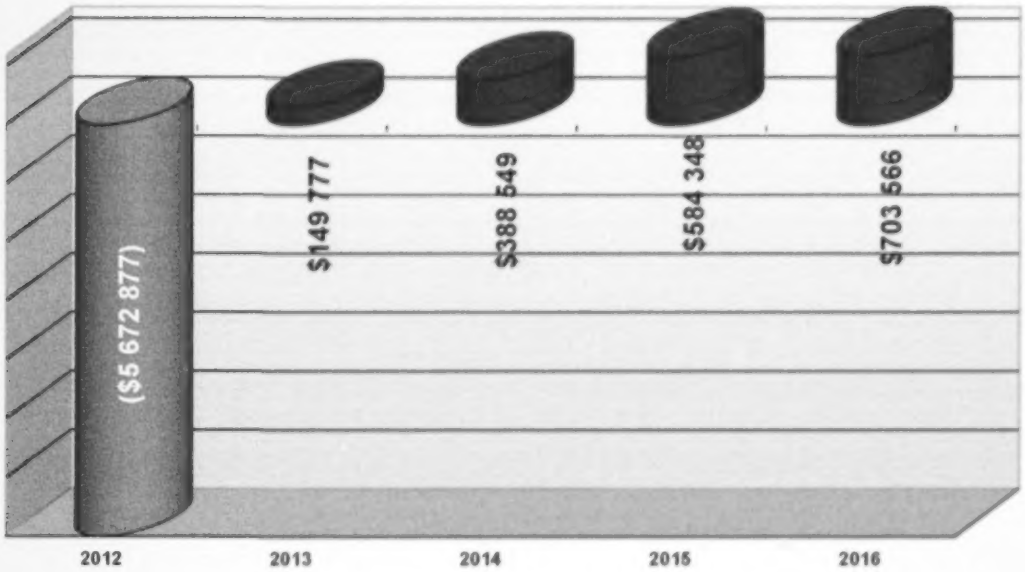
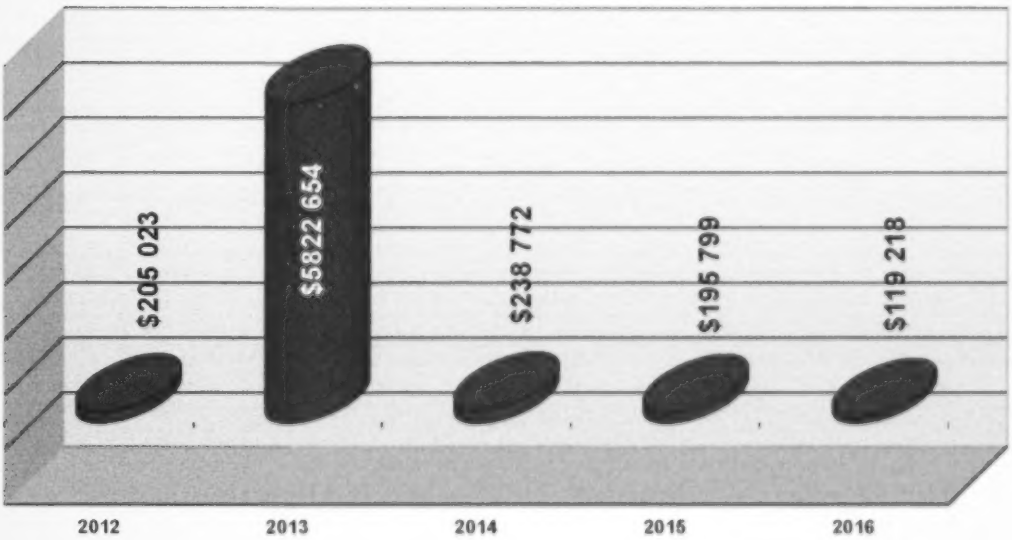
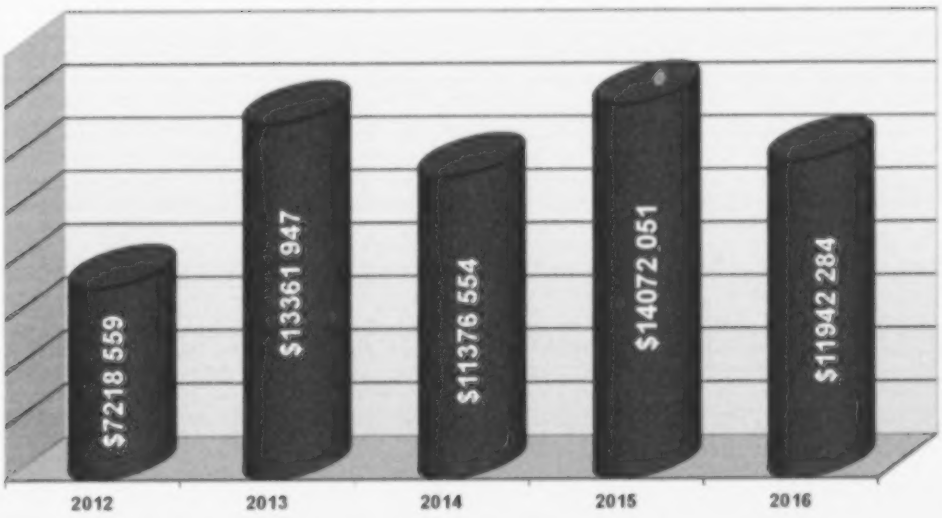
OPERATING FUND - FUND BALANCE



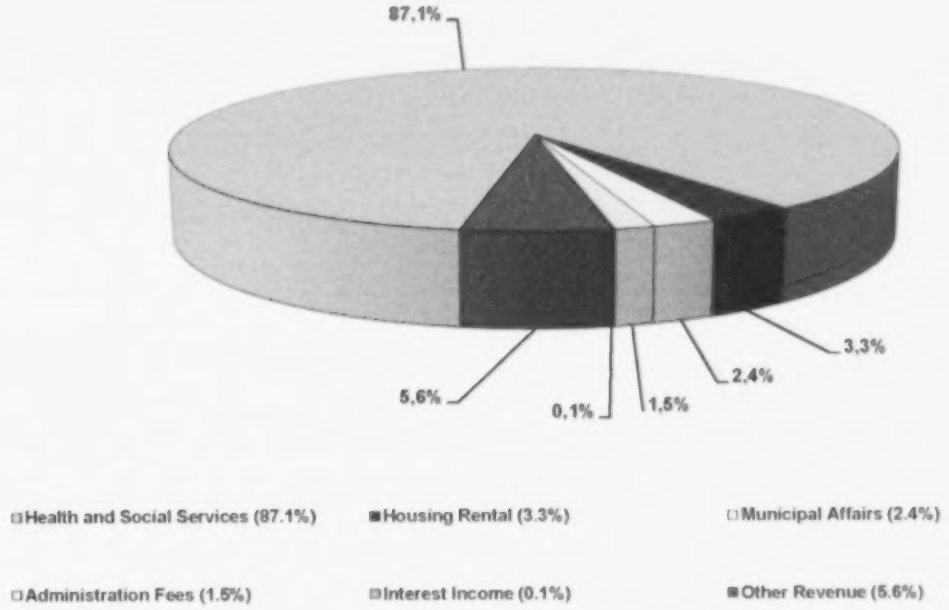
OPERATING FUND - EXCESS OF REVENUES OVER EXPENSES INCLUDING TRANSFERS TO ASSIGNED FUNDS



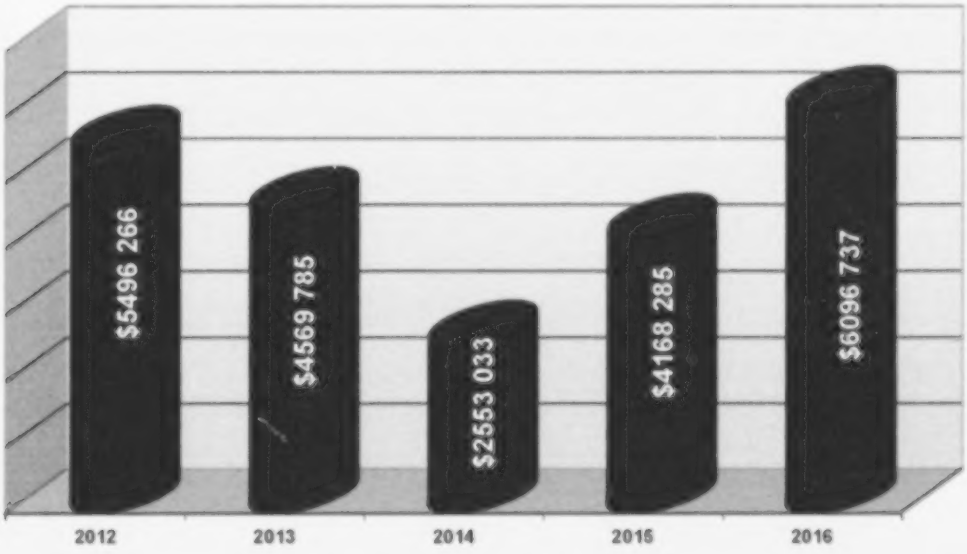
OPERATING FUND - EVOLUTION OF THE HEALTH AND SOCIAL SERVICES GRANTS



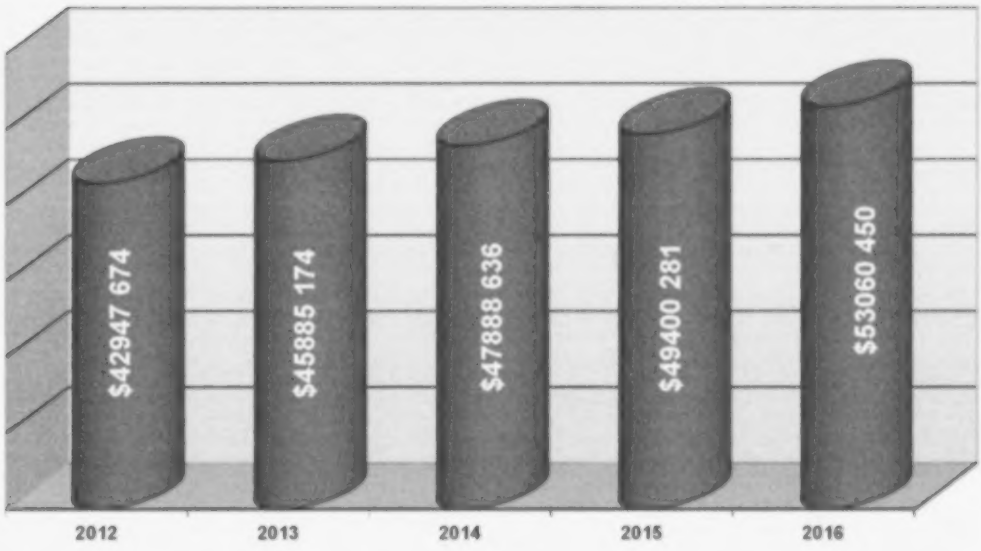
OPERATING FUND - SOURCES OF REVENUE FOR THE YEAR



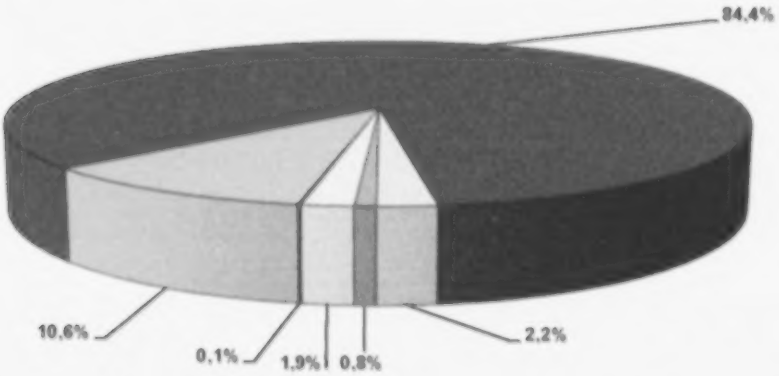
ASSIGNED FUND - COMBINED FUND BALANCE AND DEFERRED REVENUES



ASSIGNED FUND - EVOLUTION OF THE HEALTH AND SOCIAL SERVICES GRANTS



ASSIGNED FUND - SOURCES OF REVENUE FOR THE YEAR



Development Canada (0.1%) | Health Canada (10.6%) | Health and Social Services (84,4%)

Health Centres contributions (2,2%) | C.S.S.T. (0,8%) | Other (1,9%)

NUNAVIK REGIONAL BOARD
OF HEALTH AND SOCIAL SERVICES

SUMMARY FINANCIAL STATEMENTS

MARCH 31, 2016

NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES
SUMMARY FINANCIAL STATEMENTS
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NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES
COMBINED BALANCE SHEET
MARCH 31, 2016

	2016 $	2015 $
FINANCIAL ASSETS		
CASH	**5 682 948**	6 547 897
ACCOUNTS RECEIVABLE	**117 566 780**	93 695 905
	123 249 728	100 243 802
LIABILITIES		
BANK LOANS	**5 800 555**	4 507 315
TEMPORARY FINANCING	**108 357 175**	72 017 114
ACCOUNTS PAYABLE AND ACCRUED CHARGES	**106 155 061**	84 887 812
DEFERRED REVENUE	**8 681 475**	7 761 110
BONDS PAYABLE	**22 534 141**	35 166 813
	251 528 407	204 340 164
NET FINANCIAL ASSETS (NET DEBT)	**(128 278 679)**	(104 096 362)
NON-FINANCIAL ASSETS		
CAPITAL ASSETS	**12 977 279**	13 667 579
CONSTRUCTION IN PROGRESS	**113 627 868**	87 591 346
	126 605 147	101 258 925
FUND BALANCE		
FUND BALANCE	**(1 673 532)**	(2 837 437)

APPROVED ON BEHALF OF THE BOARD:

_____, Member

_____, Member

NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES
COMBINED STATEMENT OF VARIATION OF
NET FINANCIAL ASSETS (NET DEBT)
YEAR ENDED MARCH 31, 2016

	2016 $	2015 $
SURPLUS (DEFICIT) FOR THE YEAR	**1 163 905**	574 510
Capital Assets Variation		
Acquisition of Capital Assets	**(216 686)**	(724 572)
Decrease (Increase) of Construction in Progress	**(26 036 522)**	(6 761 232)
Amortization of Capital Assets	**906 986**	898 677
	(25 346 222)	(6 587 127)
VARIATION OF THE NET FINANCIAL ASSETS (NET DEBT)	**(24 182 317)**	(6 012 617)
NET FINANCIAL ASSETS (NET DEBT) – BEGINNING OF YEAR	**(104 096 362)**	(98 083 745)
NET FINANCIAL ASSETS (NET DEBT) – END OF YEAR	**(128 278 679)**	(104 096 362)

NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES
COMBINED STATEMENT OF CHANGES IN FUND BALANCE
YEAR ENDED MARCH 31, 2016

	2016 $	2015 $
FUND BALANCE – BEGINNING OF YEAR	**(2 837 437)**	(3 411 947)
Excess (Deficiency) of Revenue over Expenses	**1 163 905**	574 510
Interfund transfers	-	-
FUND BALANCE – END OF YEAR	**(1 673 532)**	(2 837 437)

NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES
COMBINED STATEMENT OF REVENUE AND EXPENSES
YEAR ENDED MARCH 31, 2016

	2016 $	2015 $
REVENUE		
Grants and Contributions	**76 177 282**	74 939 801
Reimbursement of Grants	**(627 112)**	(516 373)
Housing Rental	**457 934**	458 222
Administration Fees	**207 655**	214 515
Interest Income	**16 757**	8 984
Inuulitsivik Health Centre	**300 324**	536 939
Tulattavik Health Centre	**1 086 485**	2 500 363
Other Revenues	**1 422 678**	1 716 575
	79 042 003	79 859 026
DEFERRED REVENUE – BEGINNING OF YEAR	**7 761 110**	6 755 734
DEFERRED REVENUE – END OF YEAR	**(8 681 475)**	(7 761 110)
	(920 365)	(1 005 376)
	78 121 638	78 853 650

NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES
COMBINED STATEMENT OF REVENUE AND EXPENSES (CONT'D)
YEAR ENDED MARCH 31, 2016

	2016 $	2015 $
EXPENSES		
Salaries and Fringe Benefits	**9 523 049**	12 332 513
Administration Fees	**207 855**	214 404
Advertising and Publicity	**269 311**	142 817
Amortization	**906 986**	898 677
Annual General Meeting	**127 483**	107 615
Doubtful Accounts (Recovery)	**(12 034)**	34 195
Equipment Rental	**54 526**	76 379
Freight Charges	**44 484**	64 347
Heating and Electricity	**397 776**	431 819
Honorarium	**326 725**	282 845
Housing Rental	**555 914**	577 148
Insurance	**25 213**	24 708
Installation Premium	**535 187**	615 871
Interest and Bank Charges	**1 666 537**	2 204 575
Land Leases	**106 628**	81 239
Maintenance and Repairs	**136 693**	114 035
Medical Supplies	**19 327**	15 952
Meetings and Seminars	**33 334**	25 457
Municipal Services	**323 439**	328 233
Office Expenses	**1 047 993**	1 132 750
Professional Fees	**1 142 191**	1 322 452
Publication and Membership	**36 999**	57 761
Purchased Services	**2 198 204**	2 700 662
Telecommunication	**201 393**	286 353
Training and Education	**36 052**	302 312
Transfers to Organizations	**3 020 396**	2 722 056
Transfers to Inuulitsivik Health Centre	**29 581 277**	28 820 393
Transfers to Tulattavik Health Centre	**21 072 396**	18 469 803
Travel and Accommodation	**3 088 807**	3 624 346
Vehicle Expenses	**42 632**	46 414
Other Expenses	**240 960**	221 009
	76 957 733	78 279 140
EXCESS (DEFICIENCY) OF REVENUE OVER EXPENSES	**1 163 905**	574 510

NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES
OPERATING FUND – BALANCE SHEET
MARCH 31, 2016

	2016 $	2015 $
FINANCIAL ASSETS		
CASH	**5 553 873**	6 279 658
ACCOUNTS RECEIVABLE (Note 3 a))	**5 924 014**	8 954 442
DUE FROM LONG-TERM ASSETS FUND (Note 8)	**127 501**	126 199
	11 605 388	15 360 299
LIABILITIES		
ACCOUNTS PAYABLE AND ACCRUED CHARGES	**4 789 839**	6 760 580
DUE TO ASSIGNED FUND (Note 8)	**5 904 343**	7 844 331
DEFERRED REVENUE (Note 5 a))	**207 640**	171 040
	10 901 822	14 775 951
NET FINANCIAL ASSETS (NET DEBT)	**703 566**	584 348
FUND BALANCE		
FUND BALANCE	**703 566**	584 348

NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES
OPERATING FUND – STATEMENT OF CHANGES IN FUND BALANCE
YEAR ENDED MARCH 31, 2016

	2016 **$**	2015 $
FUND BALANCE – BEGINNING OF YEAR	**584 348**	388 549
Excess (Deficiency) of Revenue over Expenses – Regular Operations	**177 069**	1 512 263
Transfers to Assigned Fund	**(57 851)**	(1 316 464)
FUND BALANCE – END OF YEAR	**703 566**	584 348

NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES
OPERATING FUND
STATEMENT OF REVENUE AND EXPENSES
YEAR ENDED MARCH 31, 2016

	2016 $	2015 $
REVENUE		
Health and Social Services	**11 978 884**	13 840 886
Housing Rental	**457 934**	458 222
Municipal Affairs	**323 439**	328 233
Administration Fees	**207 655**	214 515
Interest Income	**16 757**	8 984
Other Revenues	**767 419**	746 525
	13 752 088	15 597 365
DEFERRED REVENUE – BEGINNING OF YEAR	**171 040**	402 205
DEFERRED REVENUE – END OF YEAR (Note 5 a))	**(207 640)**	(171 040)
	(36 600)	231 165
	13 715 488	15 828 530
EXPENSES		
General Administration	**10 341 041**	11 353 681
Community Health Advisors	**2 120 895**	1 903 522
Building Operating Costs	**1 076 483**	1 059 064
	13 538 419	14 316 267
EXCESS (DEFICIENCY) OF REVENUE OVER EXPENSES	**177 069**	1 512 263

NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES
LONG-TERM ASSETS FUND – BALANCE SHEET
MARCH 31, 2016

	2016 $	2015 $
FINANCIAL ASSETS		
CASH	**129 075**	268 239
ACCOUNTS RECEIVABLE (Note 3 c))	**10 955 106**	12 581 245
	11 084 181	12 849 484
LIABILITIES		
BANK LOANS (Note 6)	**5 800 555**	4 507 315
ACCOUNTS PAYABLE AND ACCRUED CHARGES	**869 717**	2 290 729
DUE TO ASSIGNED FUND (Note 8)	**239**	239
DUE TO OPERATING FUND (Note 8)	**127 501**	126 199
TEMPORARY FINANCING	**108 357 175**	72 017 114
BONDS PAYABLE	**22 534 141**	35 166 813
	137 689 328	114 108 409
NET FINANCIAL ASSETS (NET DEBT)	**(126 605 147)**	(101 258 925)
NON-FINANCIAL ASSETS		
CAPITAL ASSETS (Note 4)	**12 977 279**	13 667 579
CONSTRUCTION IN PROGRESS (Note 10)	**113 627 868**	87 591 346
	126 605 147	101 258 925
FUND BALANCE		
FUND BALANCE	**-**	-

NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES
LONG-TERM ASSETS FUND
STATEMENT OF CHANGES IN FUND BALANCE
YEAR ENDED MARCH 31, 2016

	2016 $	2015 $
FUND BALANCE – BEGINNING OF YEAR	-	-
Excess (Deficiency) of Revenue over Expenses	-	-
FUND BALANCE – END OF YEAR	-	-

NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES
LONG-TERM ASSETS FUND
STATEMENT OF REVENUE AND EXPENSES
YEAR ENDED MARCH 31, 2016

	2016 $	2015 $
REVENUE		
Health and Social Services – Interest Reimbursement	**1 575 309**	2 106 136
Health and Social Services – Accounting Reform	**(1 817 412)**	(1 687 292)
Health and Social Services – Capital Reimbursement	**2 724 398**	2 585 969
	2 482 295	3 004 813
EXPENSES		
Interest Charges	**1 575 309**	2 106 136
Amortization	**906 986**	898 677
	2 482 295	3 004 813
EXCESS (DEFICIENCY) OF REVENUE OVER EXPENSES	-	-

NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES
ASSIGNED FUND – BALANCE SHEET
MARCH 31, 2016

	2016 $	2015 $
FINANCIAL ASSETS		
DUE FROM LONG-TERM ASSETS FUND (Note 8)	**239**	239
DUE FROM OPERATING FUND (Note 8)	**5 904 343**	7 844 331
ACCOUNTS RECEIVABLE (Note 3 b))	**100 687 660**	72 160 218
	106 592 242	80 004 788
LIABILITIES		
ACCOUNTS PAYABLE AND ACCRUED CHARGES	**100 495 505**	75 836 503
DEFERRED REVENUE (Note 5 b))	**8 473 835**	7 590 070
	108 969 340	83 426 573
NET FINANCIAL ASSETS (NET DEBT)	**(2 377 098)**	(3 421 785)
FUND BALANCE		
FUND BALANCE	**(2 377 098)**	(3 421 785)

NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES
ASSIGNED FUND – STATEMENT OF CHANGES IN FUND BALANCE
YEAR ENDED MARCH 31, 2016

	Project Number	Fund Balance Beginning of Year $	Deferred Revenue Beginning of Year $	Revenue $	Deferred Revenue End of Year (Note 5b)) $	Expenses $	Interfund Transfers $	Fund Balance End of Year $
ADMINISTRATION								
Provincial funds								
Housing Construction	701	-	-	-	-	-	-	-
PACS Teleradiology	702	-	-	-	-	-	-	-
MEO Technology Orientation	759	-	29 291	-	29 291	-	-	-
Emergency Measures	998	-	15 365	1 107 700	-	1 224 784	-	(101 719)
Bandwidth Enhancement Project	8860	-	73 212	-	73 212	-	-	-
Other funds								
Saqijuq Nunavik - Quebec Project	826	-	275 899	211 899	146 876	340 922	-	-
Pandemic Influenza	8001	-	-	-	-	-	-	-
Technocentre	8840	-	-	72 394	-	90 492	18 098	-
Regional Administrative Services	8891-92	-	101 946	329 028	337 624	133 103	39 753	-
		-	495 713	1 721 021	587 003	1 789 301	57 851	(101 719)
REGIONAL DEVELOPMENT OF HUMAN RESOURCES								
Provincial funds								
Training provided to Inuits on Medical Terminology	8022	-	91 261	-	91 261	-	-	-
Youth Protection Intervention	8026	(37 082)	-	-	-	-	-	(37 082)
Network Planning Program	8032	-	150 000	-	110 145	39 855	-	-
Interns Integration Program	8033	-	112 500	-	112 500	-	-	-
Federal funds								
Aboriginal Health Human Resources Initiative	811	(216 848)	-	-	-	-	-	(216 848)
Other funds								
Cancer Program	825	-	55 024	147 900	102 471	100 453	-	-
Administrative Agent Training for Inuits	8025	-	730 495	-	724 805	5 690	-	-
		(253 930)	1 139 280	147 900	1 141 182	145 998	-	(253 930)

NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES
ASSIGNED FUND – STATEMENT OF CHANGES IN FUND BALANCE (CONT'D)
YEAR ENDED MARCH 31, 2016

	Project Number	Fund Balance Beginning of Year $	Deferred Revenue Beginning of Year $	Revenue $	Deferred Revenue End of Year (Note 5b)) $	Expenses $	Interfund Transfers $	Fund Balance End of Year $
INUIT VALUES								
Provincial funds								
Managerial Staff Development	610	-	120 518	25 480	144 640	1 358	-	-
Midwifery Program	901	-	2 428	-	-	2 428	-	-
Regional Midwifery	8016	-	75 826	-	-	78 673	-	(2 847)
Federal funds								
Brighter Futures	699	-	-	1 128 304	-	1 128 304	-	-
Indian Residential Schools	819	-	-	488 580	-	488 580	-	-
Other funds								
Aboriginal Healing Foundation	800	-	-	-	-	-	-	-
ITK – Regional Engagement Coordinator	804	-	-	-	-	-	-	-
McGill Social Workers' Project	815	-	38 073	-	38 073	-	-	-
		-	236 845	1 642 364	182 713	1 699 343	-	(2 847)
OUT-OF-REGION SERVICES								
Provincial funds								
Insured/Non-insured Health Benefits Program	938	-	-	46 213 651	-	46 213 651	-	-
Insured/Non-insured Health Benefits Management	939	(200 277)	-	348 251	-	486 519	-	(338 545)
		(200 277)	-	46 561 902	-	46 700 170	-	(338 545)
PUBLIC HEALTH								
Provincial funds								
Inuit Health Survey	690	-	876 342	1 900 000	2 762 052	14 290	-	-
Smoking Action Plan	913	-	-	-	-	-	-	-
Food Safety Project	915	-	8 989	-	-	18 442	-	(9 453)
Breast Cancer Screening Program – Regional	916	-	-	-	-	-	-	-

NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES
ASSIGNED FUND – STATEMENT OF CHANGES IN FUND BALANCE (CONT'D)
YEAR ENDED MARCH 31, 2016

	Project Number	Fund Balance Beginning of Year $	Deferred Revenue Beginning of Year $	Revenue $	Deferred Revenue End of Year (Note 5b)) $	Expenses $	Interfund Transfers $	Fund Balance End of Year $
PUBLIC HEALTH (CONT'D)								
Provincial funds (Cont'd)								
Quebec Smoking Cessation Program	926	-	25 335	1 400	10 815	15 920	-	-
Kinesiology	931	-	111 292	-	29 828	81 464	-	-
Integrated Perinatal and Early Children	933	-	9 788	-	8 217	1 571	-	-
Oral Hygiene Survey	934	-	162 560	-	162 560	-	-	-
ITSS and Tuberculosis Prevention	935	-	97 843	-	95 093	2 750	-	-
Community Organizations Coordinator	936	-	94 289	-	94 289	-	-	-
AIDS and STD – Information and Prevention	956	(114 510)	-	-	-	34 728	-	(149 238)
Hepatitis C	959	-	6 159	-	6 089	70	-	-
Nosocomial Infections	960	-	-	-	-	-	-	-
STBI Research Project	968	-	179 343	-	130 000	49 343	-	-
Air Quality for Nunavik Residents	8017	-	13 410	-	13 410	-	-	-
PSSP Management Fees	8019	-	14 000	-	14 000	-	-	-
Environmental Health	8024	-	125 000	-	125 000	-	-	-
Good Touch Bad Touch	8030	-	65 023	205 000	3 177	266 846	-	-
Promotion of Healthy and Safe Sexual Practices	8031	-	-	-	-	-	-	-
Federal funds								
Health Consultation	600	-	-	-	-	-	-	-
NNHC Functioning	614	-	15 743	58 917	11 551	63 109	-	-
Tobacco Federal Program	631	-	-	-	-	-	-	-
FASD	634	-	-	286 116	-	286 116	-	-
Diabetes	693	-	183 679	588 188	183 679	588 188	-	-
Perinatal Nutritional Program	696	-	31 039	347 087	1 364	376 762	-	-
AHTF Healthy Living in School and Substance Abuse	809	-	4 410	-	4 410	-	-	-
Nutrition North Canada	820	-	-	469 823	-	469 823	-	-
Communication Plan	821	-	6 052	-	6 052	-	-	-
Federal Strategy for Smoking Prevention in Nunavik	827	-	-	654	-	654	-	-
Tuberculosis Outbreak	937	-	-	86 975	7 158	79 817	-	-

NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES
ASSIGNED FUND – STATEMENT OF CHANGES IN FUND BALANCE (CONT'D)
YEAR ENDED MARCH 31, 2016

	Project Number	Fund Balance Beginning of Year $	Deferred Revenue Beginning of Year $	Revenue $	Deferred Revenue End of Year (Note 5b)) $	Expenses $	Interfund Transfers $	Fund Balance End of Year $
PUBLIC HEALTH (CONT'D)								
Other funds								
Occupational Health and Safety	611	-	15 916	479 091	24 899	470 108	-	-
Kino Quebec	612	-	183 908	48 632	202 050	30 490	-	-
Injuries Prevention Research	655	-	4 915	-	2 539	2 376	-	-
Vaccines B – Sec. 5	660	(197 769)	-	7 000	-	55 772	-	(246 541)
Arctic Net Project	668	-	9 457	-	9 457	-	-	-
Dental Health for Primary School	803	-	8 529	-	8 529	-	-	-
Literacy Learning – "How I Quit Smoking"	805	-	43 010	-	43 010	-	-	-
		(312 279)	2 296 031	4 478 883	3 959 228	2 908 639	-	(405 232)
PLANNING AND PROGRAMMING								
Provincial funds								
Upgrade Units Endoscopy	682	-	-	-	-	5 623	-	(5 623)
Network Training	683	-	170 000	-	25 182	144 818	-	-
Medical Congress	684	-	-	-	25 000	-	25 000	-
Training Doctors for Northern Territory	685	-	-	212 631	134 517	78 114	-	-
Medical Training – Legal Kit	790	-	101 620	-	99 690	1 930	-	-
Women's Health Program	791	-	21 399	-	21 399	-	-	-
Missing and Murdered Women	795	-	-	-	-	1 717	-	(1 717)
Ulluriaq Annex	823	(211 250)	-	-	-	30 019	-	(241 269)
Unit for Boys	824	(419 728)	-	1 126 835	-	1 100 903	-	(393 796)
Installation Premiums and Training	920-921-923	-	675 288	629 598	-	600 967	(703 919)	-
External Residency in Family Medicine	922	(627 453)	-	-	-	-	627 453	-
PFM PNIQ - Stage for Inuits	924	-	-	3 426	-	3 426	-	-
Palliative Care	925	-	73 000	-	73 000	-	-	-
Pharmacy	928	(7 437)	-	107 437	100 000	-	-	-
Regional Committees against Violence	932	-	37 594	52 000	60 741	28 853	-	-
FMR - Other Expenses Related	940	-	-	-	47 087	4 379	51 466	-
Cancer	962	-	31 566	-	21 674	9 892	-	-

NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES
ASSIGNED FUND – STATEMENT OF CHANGES IN FUND BALANCE (CONT'D)
YEAR ENDED MARCH 31, 2016

	Project Number	Fund Balance Beginning of Year $	Deferred Revenue Beginning of Year $	Revenue $	Deferred Revenue End of Year (Note 5b)) $	Expenses $	Interfund Transfers $	Fund Balance End of Year $
PLANNING AND PROGRAMMING (CONT'D)								
Provincial funds (Cont'd)								
Services to Elders – PFT	964	-	115 527	-	106 776	8 751	-	-
Psycho-social Intervention	965	-	50 000	-	50 000	-	-	-
Training – Nurse and Social Workers	977	-	-	-	-	-	-	-
Suicide Prevention – Training	8006	-	148 706	-	148 706	-	-	-
Violence against Women – Training	8007	-	180 338	-	152 240	28 098	-	-
Community Organization – Training	8008	-	116 639	24 497	91 056	50 080	-	-
Mental Health – Support on Clinical Projects	8009	-	-	-	-	-	-	-
Suicide Prevention – Regional Strategy	8010	-	270 405	-	198 210	72 195	-	-
Breast Cancer – Diagnosis and Patient Support	8011	-	2 335	-	1 533	802	-	-
Services to Elders	8012	-	-	-	-	-	-	-
Training – Network Employees	8013	-	-	-	-	-	-	-
Sexual Harassment Intervention Team	8015	-	31 285	-	-	44 725	-	(13 440)
Dependencies	8020	(305 820)	-	32 842	-	24 996	-	(297 974)
Training on Attention and Hyperactivity	8021	-	56 505	-	54 143	2 362	-	-
Elder Abuse Prevention	8023	(130 250)	-	108 409	-	90 485	-	(112 326)
Services Support Program	8027	-	108 244	-	105 272	2 972	-	-
Therapeutic Guide Redaction	8028	-	37 000	-	14 464	22 536	-	-
Services for Men	8029	-	45 770	-	45 770	-	-	-
Advisory Committee – Law 21	9009	-	85 898	-	72 883	13 015	-	-
DYP Law 19 VS Inuit Values and Practices	9010	-	120 000	-	120 000	-	-	-
Expert Committee - Health Physics	9012	-	76 052	-	72 836	3 216	-	-
Training on Crisis Management	9052	-	130 903	-	130 903	-	-	-
Mental Health	9053	-	74 297	-	74 297	-	-	-
Psycho-social Committee	9077	-	-	-	-	-	-	-
CLSC – Regional Development Strategy	9079	-	2 428	-	2 428	-	-	-
Development Problems – Regional Committee	9080	-	10 564	-	10 564	-	-	-
Intellectual Deficiency – Evaluation Chart	9081	-	208 535	-	208 535	-	-	-
Support for the Hearing Impaired	9083	-	35 000	-	2 339	32 661	-	-
Rehabilitation Service	9084	-	90 000	-	15 234	74 766	-	-

NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES
ASSIGNED FUND – STATEMENT OF CHANGES IN FUND BALANCE (CONT'D)
YEAR ENDED MARCH 31, 2016

	Project Number	Fund Balance Beginning of Year $	Deferred Revenue Beginning of Year $	Revenue $	Deferred Revenue End of Year (Note 5b)) $	Expenses $	Interfund Transfers $	Fund Balance End of Year $
PLANNING AND PROGRAMMING (CONT'D)								
Federal funds								
Home and Community Care	618	-	-	2 304 463	-	2 304 463	-	-
Disabled Adult Care	694	-	7 939	-	7 939	-	-	-
Family Violence	695	-	87 542	-	-	95 700	-	(8 158)
Community Mental Health	697	-	-	870 719	-	874 062	-	(3 343)
Suicide Prevention Strategy	698	-	-	169 273	-	176 877	-	(7 604)
Other funds								
Community Network - Nunavik Youth	650	-	-	557 198	-	557 198	-	-
Best Practices for Elders' Residences	812	-	694	16 100	15 002	1 792	-	-
Liaison Agent Training Program	813	-	42 022	-	42 022	-	-	-
Ulluriaq Adolescent Centre	817	(953 361)	-	1 957 193	-	1 165 620	-	(161 788)
Suicide Prevention	963	-	135 324	-	134 673	651	-	-
Caregiver	8034	-	18 127	81 000	93 939	5 188	-	-
Needs Assessment of the Nunavik Deaf Adults	8035	-	-	-	-	-	-	-
Deaf Workshop	8037	-	-	1 929	-	29 716	-	(27 787)
National Training Program	9076	-	23 655	-	23 655	-	-	-
		(2 655 299)	3 422 201	8 255 550	2 603 709	7 693 568	-	(1 274 825)
		(3 421 785)	7 590 070	62 807 620	8 473 835	60 937 019	57 851	(2 377 098)

1. REPORTING ENTITY

Nunavik Regional Board of Health and Social Services is an organization created in pursuance of the James Bay Agreement. As of May 1, 1995, the rights and obligations of the Kativik CRSSS became the rights and obligations of the Nunavik Regional Board of Health and Social Services.

2. RESTATEMENT

During the year, the NRBHSS retrospectively changed the method of accounting for the deferred revenues of the Assigned Funds. Previously, the NRBHSS recorded all unspent revenues as fund balance of the Assigned Funds, whereas it should have recognized these funds as a deferred revenue. As at April 1, 2014, this change led to an increase in deferred revenue of $6,353,529 and an equivalent decrease in the fund balance of the Assigned Funds.

3. ACCOUNTS RECEIVABLE

	2016	2015
	$	$
a) Operating Fund		
Health and Social Services – Strategic Regional Plan	**3 591 688**	3 073 415
Health and Social Services – Payroll Banks	**513 973**	513 973
Health and Social Services – Parental Leave and Insurance Leave	**87 996**	87 996
Health and Social Services – Various	**85 677**	87 230
GST/QST Rebates	**424 444**	279 156
Inuulitsivik Health Centre	**389 998**	1 096 645
Tulattavik Health Centre	**471 175**	3 101 434
Secrétariat Général de la Santé et des Services Sociaux	-	296 582
Employee Advances	-	3 978
Other	**477 274**	541 364
	6 042 225	9 081 773
Provision for Doubtful Accounts	**(118 211)**	(127 331)
	5 924 014	8 954 442
b) Assigned Fund		
Health and Social Services – INIHB (Note 9)	**95 835 915**	70 900 704
Health and Social Services – Strategic Regional Plan	**3 600 000**	740 000
Health and Social Services – Various	**107 910**	107 910
GST/QST Rebates	**18 169**	23 673
Inuulitsivik Health Centre	**165 332**	-
Tulattavik Health Centre	**921 375**	-
Aboriginal Affairs and Northern Development Canada	**28 406**	28 406
Health Canada	**10 553**	215 779
Kativik Regional Government	-	23 646
Other	-	120 100
	100 687 660	72 160 218

3. ACCOUNTS RECEIVABLE (CONT'D)

	2016 $	2015 $
c) Long-term Assets Fund		
Health and Social Services – Accounting Reform	**5 147 225**	8 133 169
GST/QST Rebates	**206 998**	290 622
Advance to Establishments	**5 600 883**	4 157 454
	10 955 106	12 581 245

4. CAPITAL ASSETS

The capital assets are composed of the following:

	Cost $	Accumulated Amortization $	2016 **Net Book Value** $	2015 Net Book Value $
Buildings	18 661 149	6 100 553	**12 560 596**	12 845 535
Computers	3 590 202	3 439 836	**150 366**	424 947
Furniture and Equipment	926 016	724 436	**201 580**	317 293
Specialized Equipment	181 538	116 801	**64 737**	75 882
Vehicles	137 295	137 295	-	3 922
	23 496 200	10 518 921	**12 977 279**	13 667 579

5. DEFERRED REVENUE

The deferred revenue is composed of the following:	2016 $	2015 $
a) Operating Fund		
Health and Social Services – Strategic Regional Plan	**207 640**	171 040
b) Assigned Fund		
Various Assigned Funds (Pages 17 to 22)	**8 473 835**	7 590 070
	8 681 475	7 761 110

6. BANK LOANS – LONG-TERM ASSETS FUND

The bank loans are used to cover capital expenses, awaiting the reception of the funds from the Fonds de financement. They are composed of eight (8) revolving authorized credit margins with the Canadian Imperial Bank of Commerce, bearing interest at prime rate and maturing at different dates.

7. PREVIOUS YEARS' ANALYSES

The MSSS's final analyses of the 2003-2004, 2004-2005, 2005-2006, 2006-2007, 2007-2008, 2008-2009, 2009-2010, 2010-2011, 2011-2012, 2012-2013, 2013-2014 and 2014-2015 financial reports were not available at the time of issuance of the present financial statements. Any adjustments resulting from these analyses will be reflected in the 2016-2017 financial statements.

8. INTERFUND ACCOUNTS

The Regional Board operates one bank account for the Operating Fund and the Assigned Fund; certain transactions can also include the Long-term Assets Fund. At year-end, interfund transactions are accounted for and presented as "Due to" and "Due from" one fund to the other.

9. INSURED AND NON-INSURED HEALTH BENEFITS

As at the date of issuance of the present financial statements, the MSSS did not confirm the balance of the funds payable to the NRBHSS in relation to the INIHB. This balance is recorded as part of the accounts receivable as follows:

	$
2011-2012	9 009 161
2012-2013	20 097 886
2013-2014	19 487 750
2014-2015	22 305 907
2015-2016	24 935 211
	95 835 915

10. CONSTRUCTION IN PROGRESS

		2016 $	2015 $
Housing Units (54 units: 25 for UTHC, 23 for IHC and 6 for NRBHSS)	2008-2009	**21 193 637**	21 193 074
Housing Units (50 units: 23 for UTHC, 23 for IHC and 4 for NRBHSS)	2009-2010	**18 541 011**	18 521 416
Housing Units (70 units: 38 for UTHC, 28 for IHC and 4 for NRBHSS)	2011-2012	**19 312 338**	19 264 991
Direction of Youth Protection (Building) – Puvirnituq	2012-2013	**11 158 572**	10 934 985
Rehabilitation Center (Building) – Inukjuak	2014-2015	**22 494 460**	17 676 880
Housing Units - Phase 3 (50 units: 23 for UTHC, 23 for IHC and 4 for NRBHSS)	2015-2016	**20 729 509**	-
CLSC (Building) - Aupaluk	2015-2016	**198 341**	-
		113 627 868	87 591 346

These construction projects are temporarily financed by the Fonds de financement.

Upon closing of the construction projects, the capital cost and the long-term debt related to the construction projects will be recorded in the financial statements of the respective establishments.

11. COMMITMENTS

The NRBHSS has rental commitments amounting to $510,564. The future minimum contractual obligations for the next four (4) years are as follows:

	$
2016-2017	206 654
2017-2018	153 142
2018-2019	114 928
2019-2020	35 840
	510 564

12. CONTINGENCY

As at March 31, 2016, the NRBHSS is subject to a claim from a supplier, for an amount of $6,401,683 jointly with a second party. The NRBHSS is also subject to a claim from a supplier for a construction project, for an amount of $637,179. As of the date of issuance of the present financial statements, the outcome of these claims is uncertain. Any settlement resulting from the resolution of this contingency will be reflected in the financial statements of the financial year in which it will occur. No provision was recorded in the present financial statements.

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RÉGIE RÉGIONALE DE LA SANTÉ ET DES SERVICES SOCIAUX DU NUNAVIK
NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES

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ANNUAL REPORT

2015 - 2016

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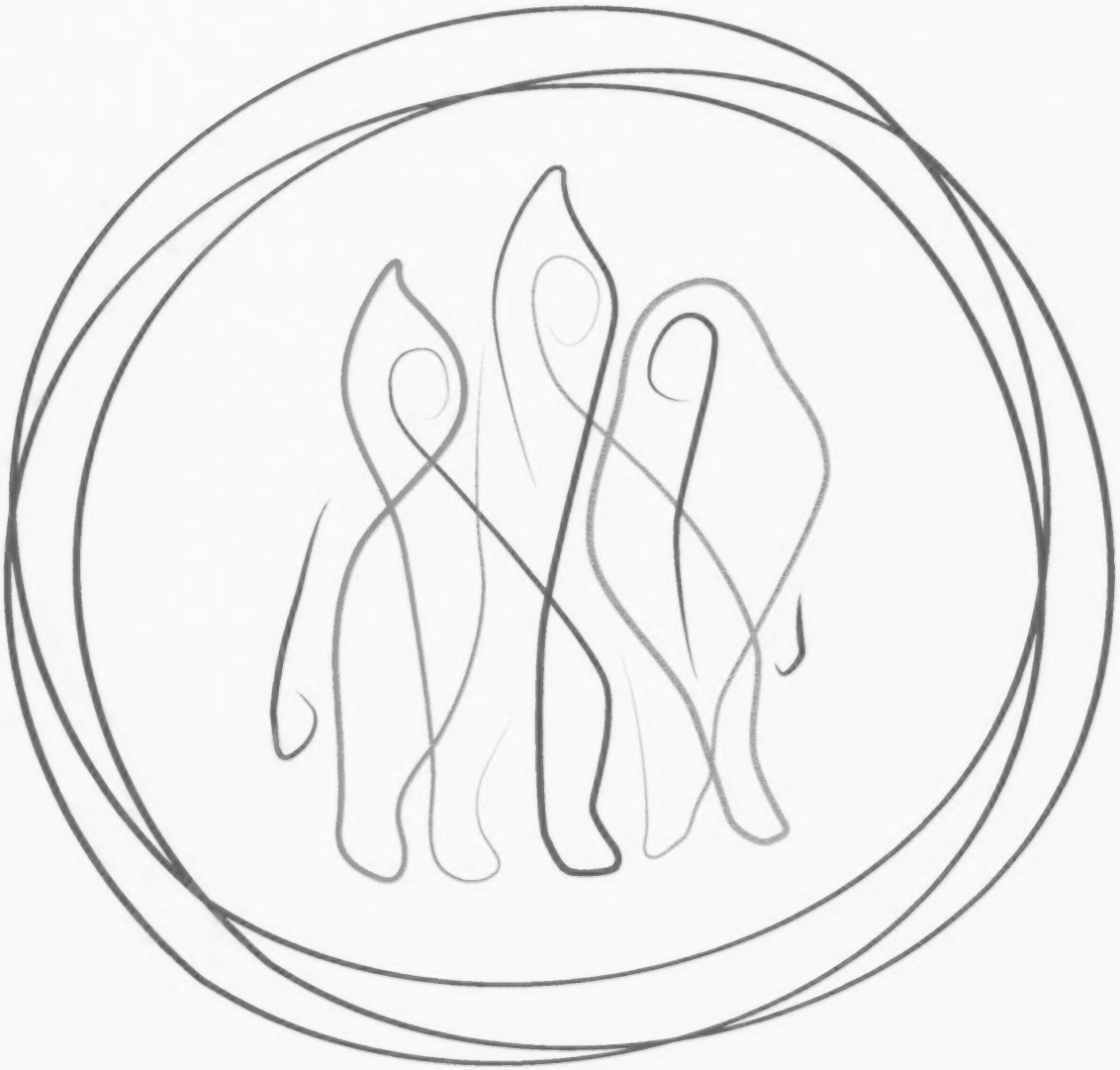

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NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES

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DECLARATION ON THE RELIABILITY OF THE DATA CONTAINED IN THE MANAGEMENT REPORT AND THE RELATED CONTROLS

Mr. Gaétan Barrette
Minister of Health and Social Services

I am responsible for the results and information contained in the present annual management report. That responsibility concerns the accuracy, completeness and reliability of the data, information and explanations contained therein.

Throughout the fiscal year, information systems and reliable control measures were maintained in order to support the present declaration. Moreover, I have ensured that work was accomplished in order to provide reasonable assurance relative to the reliability of the results, specifically with regard to the agreement on strategic planning.

To my knowledge, the information presented in the annual management report (2015-2016) of the Nunavik Regional Board of Health and Social Services as well as the related controls are reliable and this information corresponds to the situation as it was on March 31, 2016.

Minnie Grey
Executive Director

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NUNAVIK: A VAST OCCUPIED TERRITORY

THE REGION AND ITS PEOPLE

Nunavik, the Inuit region of Québec, is a vast territory that covers more than 500 000 square kilometres. Its geographic zones range from taiga to tundra and its landscapes vary from mountains to boreal forest to innumerable lakes and rivers to open sea.

There are different interpretations of the word *Nunavik*. For some, Nunavik means "the place where we have landed." In Tamusi Qumak's dictionary of Inuktitut, Nunavik means "a vast land occupied by animals."

Today, Nunavik is home to approximately 12 000 inhabitants, 90% of whom are Inuit, living in 14 communities dotting the coasts and rivers: Kuujjuaraapik, Umiujaq, Inukjuak, Puvirnituq, Akulivik, Ivujivik, Salluit, Kangiqsujuaq, Quaqtaq, Kangirsuk, Aupaluk, Tasiujaq, Kuujjuaq and Kangiqsualujjuaq.

Each community has its own municipal infrastructure and modern essential services that are adapted to the North. For example, houses and other buildings have running water, which is delivered daily by truck from local reservoirs.

There are no roads to Nunavik; travel and shipping to and from the region are by airplane and freight ship.

With the exception of Kuujjuaq, these small communities are dispersed along the 2 500 kilometres of shoreline that border Nunavik, some on the east coast of Hudson Bay, others on the coasts of the Hudson Strait and Ungava Bay. Kuujjuaq is located a little farther inland, upstream on the Koksoak River, directly at the tree line, straddling taiga and tundra. With its population of 2 300 inhabitants, it is the largest community of the region, which also makes it the administrative centre of Nunavik.

In spite of the distance that separates them from one another, the warm-hearted Inuit, who were once nomads, like to visit each other. However, since the Nunavik communities are not linked together by roads, the inhabitants must travel by aircraft, boat or snowmobile, depending on the season, to go from one village to the next. No matter how cold it can get, this makes for warm encounters.

As the majority of the Nunavik population is Inuit, Inuktitut is the language most used in the region. On the other hand, due to the federal government's predominant presence in the region's previous administration, the use of English is also widespread, especially in the workplace, and this more than French, although the latter is making considerable progress.

THE NUNAVIK HEALTH AND SOCIAL SERVICES NETWORK

The Nunavik health and social services network comprises the Nunavik Regional Board of Health and Social Services, the Inuulitsivik Health Centre (Hudson Bay) and the Ungava Tulattavik Health Centre (Ungava Bay). The basis for the development of health and social services in the Nunavik region was established by the *James Bay and Northern Québec Agreement* of 1975 *(JBNQA)* and its complementary agreements. The organization of health and social services remains under the auspices of the provincial system, but it is adapted to the region's characteristics.

Because of its population size and sociocultural characteristics, Nunavik is a privileged place where the

curative and the preventive mix, a place where activities in promotion, prevention and protection are carried out very harmoniously and smoothly, as much in the health sector as in social services.

NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES

For the *ministère de la Santé et des Services sociaux* (*MSSS*), Nunavik is administrative health region 17. The Nunavik Regional Board of Health and Social Services (NRBHSS) manages a budget of close to 167 million dollars, destined for health and social services for the populations of the 14 communities.

A board of directors of 20 members oversees the NRBHSS and consists of:

- 14 representatives, 1 for each community in Nunavik;
- the executive director of each health centre (Tulattavik and Inuulitsivik, two members);
- a member appointed by the board of directors of each health centre, selected from among the elected representatives of the villages (two members);
- a member appointed by the board of directors of the Kativik Regional Government (KRG);
- the Executive Director of the NRBHSS.

Besides the functions directly connected with administration, the board of directors is responsible for identifying the priorities with regard to the population's needs in health and social services, priorities that are presented at the pubic information meeting held annually by the NRBHSS.

The law requires that the boards of directors of the regional board and the institutions consist of a majority of Inuit members. ■

MESSAGE FROM THE CHAIRPERSON AND THE EXECUTIVE DIRECTOR

Before beginning, we would first like to present our rationale, our mission, our objectives and our values, which may be stated as follows:

OUR RATIONALE

The Nunavik population's well-being

OUR MISSION

Plan, organize, apply and evaluate programs to serve our population

OUR OBJECTIVE

Improve our population's state of health

OUR VALUES

Autonomy, respect, participation, appreciation of our human resources and collaboration with our partners

We present:

OUR VISION

A healthy population in healthy communities where integrated health and social front-line services are offered to the population by Inuit in accordance with traditional values

The year 2015 proved to be busy, productive and challenging.

Our board of directors' appointment process was held in November and many of our long-time board members stepped down to be replaced by new members.

We want to thank the previous board members for their dedication and commitment during their years of service: Tunu Napartuk of Kuujjuaq, Moses Munick of Tasiujaq, the late Mary Angotinguak of Aupaluk, Charlie Okpik of Quaqtaq, Eva Weetaluktuk of Inukjuak, Willie Kumarluk of Umiujaq and Lydia Esperon of Kuujjuaraapik.

Our standing committees were completed, from which our board elected and appointed from among themselves the members of the Audit Committee, the Governance and Ethics Committee, and the Watchdog

and Service Quality Committee.

By-law #13 on the Code of Ethics was also adopted.

We continued to strengthen our work with the two health centres in the areas of financial management and implementation of measures identified in our strategic plan to improve services for *Nunavimmiut*.

As you will see in this report, our different departments have worked very hard in many files. In the Department of Planning and Programming (DPP), adequate medical manpower was planned, pharmacies were upgraded, the cancerology program and plan of action were implemented with funding from the Canadian Partnership against Cancer, and the recommendations under the Inuusiliriniirmi Pigutjutinik Qimirruniq (clinical project for physical health) were adopted by the board.

In mental health, we continue to strive to offer the best services with limited resources in collaboration with the Douglas Hospital. This important preoccupation remains our top priority as we are still dealing with the very sad reality of high suicide rates. We held our very first annual suicide and healing conference in October in Puvirnituq. This conference is inspired by the "Dialogue for Life" annual event but with Inuit specific content to help *Nunavimmiut* through more prevention, to help families and communities in dealing with loss from suicide. Many ASIST training sessions were held in the last year in various communities and schools. We encourage those who wish to arrange this training in their community to contact our office.

Programs for elders and persons lacking autonomy continue to be refined. Addictions counsellor training was given in all the communities. Support for community organizations is also very important as new initiatives such as family houses and others are created.

We are very proud to announce that we have been working very hard to ensure regionalization of services, one of the more important being those of the Department of Youth Protection (DYP). Work has been proceeding to abolish the two Departments of Youth Protection—Hudson and Ungava—and creating one department for all of Nunavik, with the position of director to be occupied by an Inuk. We need to ensure that our services are better understood by our clients, and there is much need to inform about the *Youth Protection Act* and adapt it culturally to our region and way of life.

We have many challenges that are all equally important, but our Department of Public Health (DPH) has been very busy in dealing with major infections in our region. With the high STBI rates, the Public Health team has been very active in heightening vigilance at the two health centres in terms of monitoring cases as well as ensuring that the public receives all the necessary information to observe preventive measures and promote better sexual health.

Tuberculosis continues to preoccupy the DPH as well as the two health centres. That department's section presents the many interventions it has performed in the communities with TB outbreaks. This situation is urgent and we have called upon Québec health authorities for their assistance in ensuring that we give the best possible services in response to this health issue.

The Good Touch/Bad Touch Program continues and is well received in the communities as it is an important tool for educating children and parents on the issue of sexual abuse.

A food-security steering committee was created to draft and adopt a regional food-security policy.

These are just a few of many ongoing files in our efforts to improve the wellbeing of all *Nunavimmiut*. Other departments such as the Department of Inuit Values and Practices (DIVP) are working hard to support communities dealing with unforeseen crises. For example, our natural helpers visit the communities at the latter's request to provide assistance. The director of that department left in November for new challenges, and we wish her every success.

The Department of Administrative Services (DAS) has been very active in assisting the Ungava Tulattavik Health Centre in its efforts to return to fiscal balance. Although this has not been an easy task, we can say that we see light at the end of the tunnel.

The Department of Regional Human Resources Development (DRHRD) now has a new director. This department ensures ongoing training for Inuit youth protection and CLSC workers in collaboration with Marie-Victorin College. Psychosocial training in rehabilitation services continues. Our McGill Inuit Management Training Program is very popular and we are proud to acknowledge that another student has completed the program. A new employee in career promotion was hired and has visited five communities promoting careers in the health sector to students in Nunavik.

The Department of Out-of-Region Services (DORS) has been busy with the eventual relocation of the *MNQ* to a new building being built in Dorval. The construction of the building began in December 2015; it should be complete by November 2016 and ready for occupation by December 2016.

As fiscal 2015-2016 is the last year of our Regional Strategic Plan, we requested a two-year extension that should allow us to provide a proper rendering of accounts relative to the measures we applied in our yearly action plans. We are simultaneously planning our negotiations, along with the two health centres, for a new strategic plan that will include important regional needs and priorities.

In conclusion, we would like to acknowledge the fine work of all human resources in health and social services. Their dedication in responding to all the needs of Nunavimmiut makes an important difference. We also thank all the regional organizations and partners for their support and collaboration.

Elisapi Uitangak
Chairperson

Minnie Grey
Executive Director

BOARD OF DIRECTORS

We would like to congratulate the new members appointed during the past year, and we look forward to close collaboration toward attaining our common objective of improving the state of health of *Nunavimmiut*.

During this last year, the board of directors of the Nunavik Regional Board of Health and Social Services (NRBHSS) appointed Jean-Etienne Bégin as the new Director of Regional Human-Resources Development, Mary Mesher as Acting Director of Inuit Values and Practices, Dr. Françoise Bouchard as Acting Director of Public Health and finally, Helen Dion as the new assistant to the executive director. The NRBHSS is proud to welcome them to the management team and wishes them success in their new functions.

The members of the NRBHSS board of directors wish to thank Gilles Boulet, assistant to the executive director, and Daniel Michaud, Director of Regional Human-Resources Development, who both retired in the fall 2015.

Composition of the board of directors, March 31, 2016

EXECUTIVE COMMITTEE

Elisapi Uitangak	Chairperson, Puvirnituq Representative
Claude Gadbois	Vice-Chairperson, Ungava Tulattavik Health Centre (UTHC) BOD Representative
Minnie Grey	Secretary, NRBHSS Executive Director
Qumaq Mangiuk	Executive Committee Member, Ivujivik Representative
Shirley White-Dupuis	Executive Committee Member, Kuujjuaq Representative

DIRECTORS

Akpahatak, Nuna	Aupaluk Representative
Annanack, Kitty	Kangiqsualujjuaq Representative
Arngak, Alasie	Kangiqsujjuaq Representative
Beaudoin, Jane	Inuulitsivik Health Centre (IHC) Executive Director
Berthe, George	UTHC Executive Director
Berthe, Mary	Tasiujaq Representative
Fleming, Cora	Kuujjuaraapik Representative
Kitishimik, Parsa	Kativik Regional Government (KRG) Representative
Ningiurivik, Sheila	Quaqtaq Representative
Niviaxie, Alex	Umiujaq Representative
Nowrakallak, Sarah	Inukjuak Representative
Padlayat, Josepi	Inuulitsivik Health Centre Representative
Qaqutuk, Jusipi	Akulivik Representative

Saviadjuk, Ida	Salluit Representative
Tukkiapik Carrier, Lucy	Kangirsuk Representative

The following by-laws and policies were adopted in fiscal 2015-2016.

Boards of directors of the Nunavik Health and Social Services network

The Nunavik population was called to exercise its right to vote on October 13, 2015, for the election of one representative per village to the boards of directors of the IHC and the UTHC. For their part, the workers of the health centres elected four persons from among their ranks at each institution.

Certain communities did not organize elections; consequently, the regional board's board of directors appointed representatives for those communities during its sessions of December 15, 2015, and January 27, 2016.

As for the regional board's own board of directors, each Nunavik community was asked to appoint a representative.

Board of directors of the Regional Board

The members of the board attended five regular sessions as well as the annual general meeting, adopting 95 resolutions. The Executive Committee held seven meetings.

- Below are the results of the latest election:
- Qumaq L. Mangiuk was reappointed representative of Ivujivik on December 15, 2015.
- Ida Saviadjuk was appointed representative of Salluit on December 15, 2015, replacing Josepi Padlayat who had been representative since February 17, 2015.
- Claude Gadbois was reappointed representative of the UTHC on December 15, 2015.
- Alasie Arngak was reappointed representative of Kangiqsujuaq on April 19, 2016.

- Nuna Akpahatak was appointed on December 15, 2015, replacing Mary Angutinguak who had been representative since December 4, 2012.
- Lucy Carrier Tukkiapik was reappointed representative of Kangirsuk on December 15, 2015.
- Shirley White-Dupuis was appointed on December 15, 2015, replacing Tunu Napartuk who had been representative since December 4, 2012.
- Kitty Annanack was reappointed representative of Kangiqsualujjuaq on December 15, 2015.
- Elisapee Uitangak was reappointed representative of Puvirnituq on December 15, 2015.
- Alex Niviaxie was appointed representative of Umiujaq on February 23, 2016, replacing Willie Kumarluk who had been representative since February 20, 2007.
- Mary Berthe was appointed representative of Tasiujaq on December 15, 2015, replacing Moses Munick who had been representative since December 4, 2012.
- Cora Fleming was appointed representative of Kuujjuaraapik on December 15, 2015, replacing Lizzie Niviaxie who had been representative since January 30, 2003.
- Sheila Ningiurivik was appointed representative of Quaqtaq on December 15, 2015, replacing Charlie Okpik who had been representative since December 4, 2012.
- Parsa Kitishimik was reappointed regional councillor by the KRG on December 15, 2015.
- Josepi Padlayat was appointed representative of the IHC on February 23, 2016, replacing Jusipi Qaqutuq who had been representative since December 4, 2012.
- Jusipi Qaqutuk was appointed representative of Akulivik on December 15, 2015, replacing Lucassie Alayco, Sr. who had been representative since December 4, 2012.
- Sarah Nowrakallak was appointed representative of Inukjuak on December 15, 2015, replacing Eva Weetaluktuk who had been representative since January 24, 2006.

The following completed the board:

- George Berthe, Executive Director, UTHC;
- Jane Beaudoin, Executive Director, IHC;
- Minnie Grey, Executive Director, NRBHSS. ■

EXECUTIVE MANAGEMENT

Prehospital services

The regional board would like to highlight the communities' contribution to the provision of prehospital services in Nunavik. They ensure the management and maintenance of the workforce, whereas our role is to support them through training programs and funding. The regional board invests much effort in the organization and coordination of training in order to ensure services of good quality for the population.

On March 31, 2016, Nunavik had 142 certified, active first responders.

As training is a key element in the prehospital-service system, it is important for it to be accessible to as many persons as possible, which ensures the quality of the interventions performed by the first responders as well as efficient on-duty services 24 hours per day, 365 days per year. Six complete, five-day training sessions were organized in different communities for new first responders. Thirty-two persons successfully completed their training. As maintaining skills is also fundamental to ensuring quality, 24 one-day refresher programs were held in all the Nunavik communities.

New this year is a two-day training program for the nurses in Kuujjuaq who also work in the area of prehospital services. This training was designed with the participation of our regional medical director of emergency prehospital services and one of our instructors. We wish to thank them for their contribution in this field.

The training program, of which we are quite proud, is unique in Québec. It enables raising the current skill level of nurses working in prehospital services and is particularly appreciated by the participants. New sessions are scheduled for the coming year.

Emergency preparedness

Over the past year, certain communities experienced incidents requiring our organization's intervention and follow-up. The events—hydrocarbon fuel spills, shortage of drinking water, telecommunications failures—required greater coordination efforts between the various municipal partners, the Kativik Regional Government (KRG) and the various provincial ministries concerned by the issues in order to ensure our population's safety. Their support and cooperation were greatly appreciated.

The regional board also participated in an air-crash simulation in the fall 2015 in Kuujjuaq. The exercise enabled making necessary adjustments to our intervention plan as well as that of our partners. Moreover, the exercise was an opportunity to gain a better understanding of the role of the various local partners in order to ensure efficient intervention.

The regional board maintains close ties with all the partners, both local and regional, which greatly facilitates cohesive intervention in emergency situations. ■

SAQIJUQ UPDATE

Puvirnituq: First Pilot Community

Numerous meetings have been held in Puvirnituq since September 2015. These meetings were held with the municipality, organizations, justice committee, as well as individuals. Each meeting has been productive with strong support for Saqijuq.

On February 29, a community consultation about Saqijuq was held and attended by 35 members of the community. Many questions were asked about Saqijuq and support was given for the project. It is important to note that much information was provided in the session and there was much interaction with the participants.

One of the next steps for Saqijuq will be to set up a support centre in the community. The actual setup will depend on the community's needs and wants. It is important to remember that Saqijuq will not change what is already working or what already exists but will work to consolidate assets and ensure people work collaboratively instead of in silos (which is presently the case).

A volunteer support group is now being set up. Presently there are five community members who wish to participate by providing suggestions, comments, etc. on what needs to be done. This is an important step as it shows that people do care and want to make a difference. One suggestion that has already been made and is under consideration is to have a *Pamasimautik*-type meeting in Puvirnituq.

Also, Saqijuq has been asked to assist with the development of a homeless shelter that should open in October (tentative date). This request was made by Maina Beaulne, coordinator of prevention and program promotion.

The Pigiatsiaq program, which is funded through Ungaluk, will also work in collaboration with Saqijuq, as the two share common goals.

The collaboration team has made recommendations based on the mapping and evaluation carried out in Puvirnituq. These recommendations show that there is still much work to be done in Puvirnituq.

Working Groups

There are presently three working groups that have become more active over the last few months, holding meetings and updating information provided to the Saqijuq coordination committee.

Each working group has various actions, objectives and activities that are described in the Saqijuq action plan. As of April 29, the majority of items have started (of 29 activities, 6 are still being planned, 15 have started, 5 are at least 50% completed and 3 have been completed).

It was decided that an ad hoc committee would be formed to find solutions to specific problems. Members will meet as needed, by telephone or in person. One example of issues for discussion is a detainee's need to attend a funeral: who will be responsible for organizing travel and paying for transportation and other expenses. Members will include representatives of Saqijuq, Makivik and the NRBHSS.

Board Of Governance

The Board of Governance, whose members include a representative of the *ministère de la Santé et des Services sociaux (MSSS)*, the executive director of the NRBHSS, the KRG, Makivik, a representative of the *ministère de la Sécurité publique (MSP)* and a representative of the *ministère de la Justice (MJ)*, met twice in 2016. The first time was in Inukjuak, where a presentation was made on Saqijuq, the working groups and the budget.

At this meeting, the question was raised as to what the ministries are willing to do to assist with the financing of Saqijuq. The *MSSS* representative asked about a document that could show potential savings to the *MSSS* as well as other organizations. This document was presented to the Board of Governance on May 3.

Financing

There are many projects to be funded under Saqijuq, including: a new treatment centre; setup of support centres in Puvirnituq and Kangirsuk; numerous types of training (including cultural awareness and addictions) for counsellors, members of centres, Saqijuq and justice committees; improvements to services such as increased number of interveners, revision of treatment services in the South and setup of alternative types of treatment such as a mobile treatment centre.

The Saqijuq coordination team is funded solely by Ungaluk, but administration of the funds is covered by the NRBHSS. At some point in the near future, an organization needs to assume ownership of Saqijuq. The Regional Partnership Committee has practical responsibility, but as it is not a recognized entity, the NRBHSS has official responsibility. Projects that fall under Saqijuq could be partially funded by Ungaluk, but responsibility for Saqijuq needs to be settled. Ungaluk will not continue to fund the coordination team indefinitely.

Saqijuq has made two applications for additional funding:

- Law Foundation of Ontario: We are now in the second stage of our application. We should have an update in June. This will be to cover the costs of evaluation and so forth and is more specific to the judicial aspect ($70,000).
- Public Safety Canada, Québec and Nunavut Regions, Government of Canada: The funding requested will be for the setup of the support group in Puvirnituq. This will be for three years. We should learn whether the application is accepted and recommended for development early in June ($274,393).

Recommendations for Next Steps and Further Activities for Collaborative Research

April 2015

Mylène Jaccoud, Médiation sans frontière

The analysis of the implementation of Saqijuq and the resource mapping carried out by the collaborative research team starting September 2015 for the community of Puvirnituq led to five main statements:

1. The implementation of the Saqijuq action plan requires **strong leadership and involvement** in each pilot community. This leadership is not yet really noticeable;
2. Saqijuq is based on a **strong partnership** between the different resources and organizations of the community. This partnership has to be consolidated in Puvirnituq;
3. Consensus emerges from the workers involved in Puvirnituq community services on **priority to be put on young people**. Some people notice that preferred solutions to help and heal persons, whatever their age, are often based on traditional activities, which do not reach most of the young generation anymore. These people ask for solutions more adapted to the reality of the youth. Yet, there is a lack of understanding on needs and aspirations of young people;
4. **Financial support** for Saqijuq is required to ensure implementation of specific actions;
5. **Housing** remains a huge problem with many consequences: on community social problems, on the capacity of organizations to stabilize and reinforce their staff; this problem has an impact on development of resources but also on access to resources for the population of Puvirnituq. Even if Saqijuq cannot resolve this lack of housing, it should be noted that it has an impact on the attempts of Saqijuq to improve the situation in the first pilot community.

From these five statements, we suggest the six following actions over the coming months:

First statement

1. Work on building community leadership and encouraging community involvement in different activities linked to Saqijuq, prior to the implementation a support centre.

Second statement

2. Complete mapping in the two pilot communities.
3. Create a directory of Puvirnituq community resources and make it accessible for organizations and the population.

Third statement

4. Consult the population, especially young people, on needs and aspirations of the young generation.

Fourth statement

5. Obtain financial support to ensure the sustainability of the project.

Fifth statement

6. Make representations to organizations concerned in order to support and encourage housing in Puvirnituq.

Actions	Suggested activities	Objectives and potential spinoffs
Build community leadership	a) Organize and facilitate a gathering all the organizations and services in Puvirnituq; b) define actions according to activity results of point a (e.g., start the support centre); c) organize workshops for Inuit on community organization and leadership (according to results of point a).	◊ Appropriate, understand and adapt Saqijuq to the reality of Puvirnituq; ◊ share information on the functioning of all services and organizations; ◊ identify needs of the community (and validate relevancy of a support centre); ◊ reinforce partnership and draw up an intervention chart for the service network; ◊ implement a local coordination table; ◊ consolidate community services; ◊ reinforce Inuit empowerment; ◊ consolidate community services.
Complete mapping of pilot communities	a) Complete mapping of Puvirnituq (focus on justice, security sector and health/youth protection) with identification of service trajectories; b) start mapping of Kangirsuk.	◊ Obtain a complete profile of the resources and service trajectories; ◊ identify gaps to fill.
Create and update a directory of Puvirnituq community resources	a) Identify administrators of the directory (form and content); b) produce the directory in collaboration with key local actors; c) distribute the directory; d) maintain updates.	◊ Increase knowledge of and access to the resource network of Puvirnituq; ◊ use the directory as a reference tool for the clientele.
Consult young people	a) Synthesize information from other consultations; b) update this information through a forum for young people (consult local people to identify the best way to reach and involve the younger generation in this consultation).	◊ Identify the needs and aspirations of young people; ◊ communicate results of this consultation to key actors of the community; ◊ elaborate actions according to this consultation.

Actions	Suggested activities	Objectives and potential spinoffs
Obtain financial support	a) Identify actions and positions that require financial support; b) list potential donors; c) complete the communication plan for financial donors (and adapt the plan according to the sources of financial support); d) submit full application to the Law Foundation of Ontario.	◊ Ensure the sustainability of the project for 2017.
Make representations on housing	a) Communicate results of the mapping to key actors; b) recommend additional housing in Puvirnituq.	◊ Improve Saqijuq actions.

DEPARTMENT OF
PLANNING AND PROGRAMMING

Medical Affairs and Physical Health

Hiring

In 2015, the Nunavik region welcomed five new physicians: three at the Inuulitsivik Health Centre (IHC) and two at the Ungava Tulattavik Health Centre (UTHC). These physicians occupy a position in the region and perform 55% or more of their activities on the territory.

One physician of the IHC left the region in 2015.

For 2016 (from December 1, 2015, to November 30, 2016), the region will take on five new physicians: three at the IHC and two at the UTHC. One of them began practising at the IHC on March 20, 2016.

Thus, as of March 31, 2016, 35 general practitioners held a position in the region (with the exception of those who assume functions exclusively in public health).

During the year, the two health centres hired a part-time acting director of Professional Services.

In relation to non-negotiated incentives funded by the *Fonds de médecins en région (FMR)*, the region took in five family-medicine interns (three at the IHC and two at the UTHC). Moreover, through the program for decentralized medical training, several externs, first- and second-year family-medicine residents, and first- to fifth-year residents in specialties performed internships at the region's health centres.

For the second year, the region participated in the training program for First Nations and Inuit physicians of Québec, an initiative of the Québec faculties of medicine, and thus took in four interns (two at the IHC, one at the UTHC and one at the NRBHSS).

Pharmacy

The setup of measures retained under the regional plan of action for pharmacies designed by the regional board jointly with the region's health centres continued over the past year. Below are some examples of the actions undertaken:

- upgrade to the pharmacy-information system for the outpatient clientele of the UTHC and acquisition of such a system at the IHC;
- service supply for outpatients of the Puvirnituq CLSC;
- application of an agreement with a private pharmacy for the preparation of medication (dispensers or phials) for the UTHC.

This project should end in 2016-2017.

Cancerology and Palliative Care

The regional board adopted its cancerology program and plan of action, which outlines the objectives pursued until 2020. Implementation of the project for care and services of good quality and culturally adapted for Inuit and Cree cancer patients continued, jointly with the Cree Board of Health and Social Services of James Bay and the Nunavik health centres. This project is financially supported by the

Canadian Partnership against Cancer (CPAC) until the end of fiscal 2016-2017.

The regional board also supported the health centres in responding to the requirements under the *Act respecting end-of-life* care. Work continues toward increasing the regional service supply relative to palliative care.

Clinical Project Ilusiliriniqmi Pigutjiutini Qimirruniq (IPQ) for Physical Health

In 2014, the Department of Planning and Programming undertook a project to review, with its partners, the service supply and organization in relation to physical health throughout the territory. That mobilizing project aims at a better response to the population's needs. Resolution 2015-28 concerning the process for the IPQ for physical health was ratified in April 2015. Since then, the efforts and the setup of continuum committees for dental and specialized services have begun. Various partners were contacted and invited to participate in the steps of the process described in the reference framework for the IPQ for physical health. Recall that those committees' objective is to establish a common vision of the required services, a realistic service supply and organization methods adapted to the various clientele and to formulate recommendations for the board of directors. Deployment of other continuum committees will continue in 2016-2017.

Adult and Community Programs

Mental Health, Suicide Prevention, Men's Health and Well-Being

Puttautiit, First Regional Conference on Suicide Prevention

As one of the recommendations under the process for the Ilusiliriniqmi Pigutjiutini Qimirruniq, the regional board participated in the organization of the first regional conference on suicide prevention and on healing in Nunavik, which was held in Puvirnituq from October 5 to 10.

Inspired by the "Dialogue for Life" conference in Montréal, Puttautiit aims to raise the population's awareness on suicide and provide front-line workers and community members an opportunity to receive support and training.

The event brought together *Nunavimmiut* from the four corners of Nunavik. A total of more than 150 persons (participants, speakers, translators, members of support teams, organizers and so forth) assembled in Puvirnituq for this first annual edition.

The five-day conference enabled the participants to attend the Applied Suicide Intervention Skills Training (ASIST) as well as workshops on the history of colonization and on healing and grieving. The last day, open to all, was devoted to a networking activity in order to share information on the programs and services available in Nunavik. The day ended with an experimental workshop aimed at understanding the extreme changes faced by *Nunavimmiut* and exploring how bridges could be built to create a stronger community for the benefit of all its members.

During the week, several leisure and cultural activities were offered to the participants and community members by the Puttautiit conference's local committee and the municipality of Puvirnituq. A *qarmaq* was built by community members for the conference, which served as gathering place for sharing experiences and advice.

The Puttautiit conference will be an annual event in Nunavik, held in a different community each year.

Persons Lacking Autonomy, Elders and Rehabilitation

Elders

- Held first meeting of Regional Steering Committee on support for caregivers of Nunavik on January 20-21, 2015
- Formed Nunavik Respite Working Committee consisting of network partners and caregivers and collaboratively established a framework for respite program for Nunavik caregivers
- Took part in a local "Elder-friendly municipalities" (MADA) cross-sector meeting on September 8 and a regional MADA meeting on September 9-10, 2015
- Launched sixth regional campaign for International Elders' Day (October 1) thanks to funds from Nunavik Elders' Association
- Held second meeting of Regional Steering Committee on support for caregivers for Nunavik elders on March 3, 2016
- Collaborated with KRG on the first Nunavik policy on elders
- Collaborated with KRG, Avataq and Makivik on evaluating projects for elders (MADA)

Persons Lacking Autonomy (PLA) and Rehabilitation

- Held a regional meeting with PLA coordinators in June 2015 in Puvirnituq
- Collaborated with network partners on updating service supply (PLA, elders and rehabilitation)
- Worked with the network partners on completing the first phase of the project for an intensive physical-rehabilitation unit; telerehabilitation equipment was ordered for both health centres
- Supported both heath centres in offering training for PLA staff (PDSB (principles of moving clients safely) and OEMC (multi-clientele assessment tool)
- Continued collaboration with both health centres and regional organizations (KRG, Makivik, KSB) on improving services for deaf adults in Nunavik

Addictions

- Recruitment of a new officer responsible for the addictions program
- Delivery of the addictions training program (details of training so far in following table).

Nunavik Addiction Training per year and origin of trainees

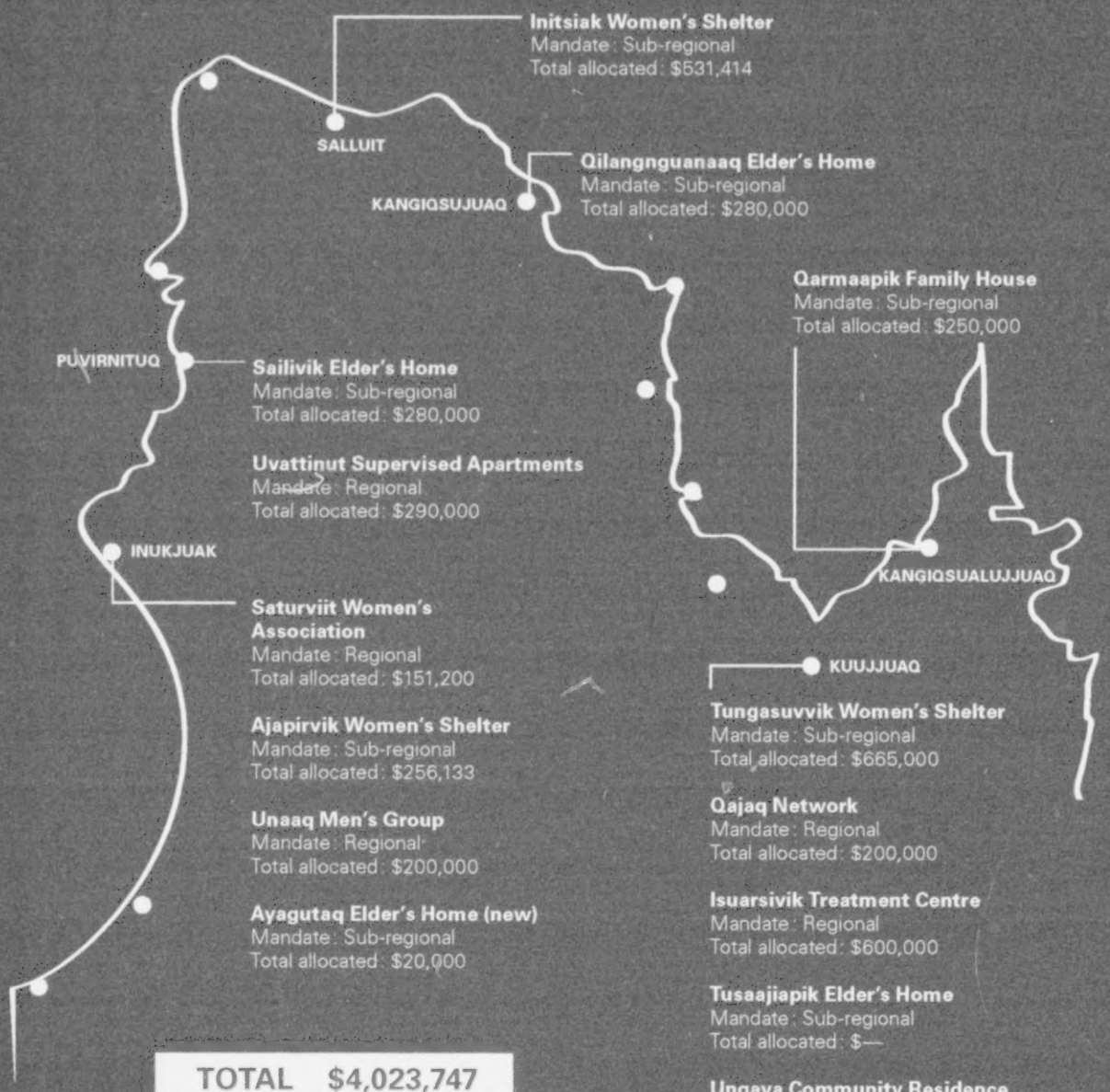
	Total	2012-2013	2013-2014	2014-2015	2015-2016
Kangiqsualujjuaq	**16**		1		15
Kuujjuaq	**52**		26	2	24
Tasiujaq	**8**		1	7	
Aupaluk	**0**				
Kangirsuk	**8**			8	
Quaqtaq	**2**		2		
Kangiqsujuaq	**19**		1	3	15
Total UNGAVA	**105**	**0**	**31**	**20**	**54**
Salluit	**20**			16	4

	Total	2012-2013	2013-2014	2014-2015	2015-2016
Ivujivik	**10**			2	8
Akulivik	**3**		2		1
Puvirnituq	**15**	1	12		2
Inukjuak	**33**	9	2	14	8
Umiujaq	**1**				1
Kuujjuarapik	**2**				2
Total HUDSON	**84**	**10**	**16**	**32**	**26**
Total NUNAVIK	**189**	**10**	**47**	**52**	**80**

Community Organizations

- Opening of the Qarmaapik family house in Kangiqsualujjuaq
- Support for the Ayagutaq Elders' Home Committee for hiring a project leader to assume responsibility for construction start-up
- Support for regular operations of community

Community Organizations Funding for 2015-2016



Initsiak Women's Shelter
Mandate: Sub-regional
Total allocated: $531,414

Qilangnguanaaq Elder's Home
Mandate: Sub-regional
Total allocated: $280,000

Qarmaapik Family House
Mandate: Sub-regional
Total allocated: $250,000

Sailivik Elder's Home
Mandate: Sub-regional
Total allocated: $280,000

Uvattinut Supervised Apartments
Mandate: Regional
Total allocated: $290,000

Saturviit Women's Association
Mandate: Regional
Total allocated: $151,200

Ajapirvik Women's Shelter
Mandate: Sub-regional
Total allocated: $256,133

Unaaq Men's Group
Mandate: Regional
Total allocated: $200,000

Ayagutaq Elder's Home (new)
Mandate: Sub-regional
Total allocated: $20,000

Tungasuvvik Women's Shelter
Mandate: Sub-regional
Total allocated: $665,000

Qajaq Network
Mandate: Regional
Total allocated: $200,000

Isuarsivik Treatment Centre
Mandate: Regional
Total allocated: $600,000

Tusaajiapik Elder's Home
Mandate: Sub-regional
Total allocated: $—

Ungava Community Residence
Mandate: Regional
Total allocated: $300,000

TOTAL $4,023,747

Children – Youths – Families (CYF)

The CYF team is responsible for overseeing activities related to the provision of services for children, youths and families in the region. The team's main task is to oversee the implantation of the *MSSS* service supply for youths in difficulty (2007-2015). The team works closely with regional partners of both health centres as well as community organizations in order to continue to develop an efficient and effective continuum of services for youths between the ages of 0 and 18 years and their families. The CYF team strives to support the development of services that are culturally relevant and which meet the needs of the region.

Regional Protocol on the Cross-Sector Agreement

The cross-sector agreement aims to guarantee the best possible protection and provide the necessary assistance to children who are victims of sexual abuse, physical abuse or severe neglect posing a risk to their physical health. A regional committee has been re-launched in order to oversee the work of developing a cross-sector protocol specific to Nunavik, which involves the coordination of services between the director of Youth Protection, the Kativik Regional Police Force and the Crown prosecutor. A regional protocol has thus been developed by a working committee and presented to the regional committee for its approval. A process to circulate this protocol is currently being planned for the upcoming spring. The regional committee on the cross-sector agreement will continue to meet twice annually to oversee the application of the regional protocol and the coordination of this agreement across Nunavik.

Regional Director of Youth Protection

In an effort to regionalize youth-protection services across Nunavik, a process of recruitment is under way in order to proceed with the hiring of a Nunavik director of Youth Protection who will be under the authority of the executive director of each health centre. Their mandate will be to oversee the provision of services to children, youths and families in accordance with the *Youth Protection Act*, the *Youth Criminal Justice Act* and laws regarding adoption. Among their many other responsibilities, the Nunavik director of Youth Protection will be responsible for advocating for children's rights, informing communities of developments related to youth services and seeking to empower communities to take actions towards improving conditions for child development and security. Interviews have been conducted and the director will be appointed in the near future. ■

DEPARTMENT OF

PUBLIC HEALTH

Activities in public health are divided among various programs:

- ◊ programs for **protection**: infectious diseases, environmental health and occupational health;
- ◊ programs for the **promotion** of the population's health;
- ◊ programs for the **prevention** of diseases, psychosocial problems and trauma;
- ◊ ongoing **surveillance** of the population's state of health and vigilance.

The present report was drafted based on the above divisions.

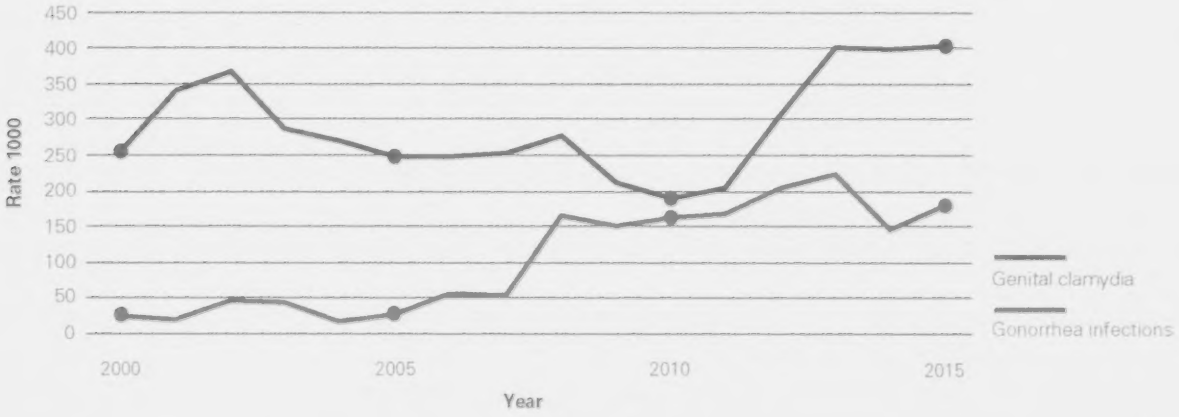
Protection of Public Health: Infectious Diseases, Environmental Health and Occupational Health

Infectious Diseases

STBIs

The rate of infection with *Chlamydia trachomatis* remained stable in the region in 2015. On the other hand, the drop in the rate of gonococcal infection observed in 2014 did not continue, going from 147 to 180 per 10 000 inhabitants. However, that rate remains below that of 2013, which was 225 per 10 000.

Table 1: Rate of incidence of genital chlamydia and gonococcal infections in Nunavik, 2000-2015



Sources: Nunavik Department of Public Health, April 2016 / MSSS, *Estimations et projections démographiques* (1981-1995: April 2012 version, 1996-2036 / *LSPQ*, Provincial *MADO* files / Public-health infocentre at the *Institut national de santé publique du Québec*, report from April 7, 2016.

The update to the aides and guides to practice destined for clinicians is complete. They are used in all Nunavik clinics. New projects are under way to enhance the service supply for the population, particularly for rapid screening, screening outside the CLSCs and new services for reaching individuals with an STBI and their sexual partners more quickly.

Unfortunately, the sexual-health education program is not yet being offered in all the Nunavik schools.

For that purpose, we need to solicit the support of our partners, notably the Kativik School Board and the schools, more actively. The involvement of local leaders would be an advantage in ensuring progress in this important area.

The communication strategy is presently under development. Its objective is to reach out to youths in order to modify their attitudes toward screening. Screening in conjunction with treatment for infected individuals should lead to reductions in the rates of infection presently endemic in Nunavik. Phases 1 and 2 of the communication strategy are complete: the campaign should be launched at the end of 2016.

The objectives in sexual health for 2016 are as follows:

- enhance the service supply in screening;
- improve communications with individuals with an STBI;
- increase the number of schools offering the sexual-health program;
- apply the communication strategy.

Tuberculosis

The spread of tuberculosis was a major issue in 2015 in Nunavik, with 43 cases identified for an incidence of 327.89/100 000 person-years compared to 31 cases in 2014 (236.05/100 000 person-years). In Québec in 2014, the incidence was 2.94/100 000 person-years.

Tuberculosis in Salluit

A vast screening operation began in the fall 2015 in Salluit, in response to a rise in cases of active tuberculosis, especially during the summer and fall. Roughly 350 individuals were thus tested in the context of the epidemiological survey launched after the discovery of a case of contagious tuberculosis. The operation targeted the rest of the population and ended in 2016. All those who had not yet been the object of the intervention were offered a TST or a pulmonary X-ray and medical evaluation depending on their history of tuberculosis infection.

As of December 31, 2015:

- 793 individuals were tested;
- 38 had had active tuberculosis before 2015;
- 481 had already been subjected to a TST;
- 211 (of the 481 subjected to a TST) had a test result equal to or greater than 5 mm, which indicated that they had already had a latent tuberculosis infection (LTI);
- 147 (69.7%) had already undergone preventive treatment, more than 80% of which had been completed;
- 575 underwent a new TST on the occasion of this screening operation;
- 62 of them had a test result equal to or greater than 5 mm;
- three cases of active tuberculosis were identified at this stage of the screening operation.

System for Managing Outbreaks

The efforts at establishing a digital system for managing tuberculosis outbreaks and monitoring cases and contacts in Nunavik continued in 2015. As none of the tools responded to the needs of the Nunavik Department of Public Health (DPH), work was carried out with the support of informatics resources of the *Institut national de santé publique du Québec (INSPQ)* to develop an application that should be

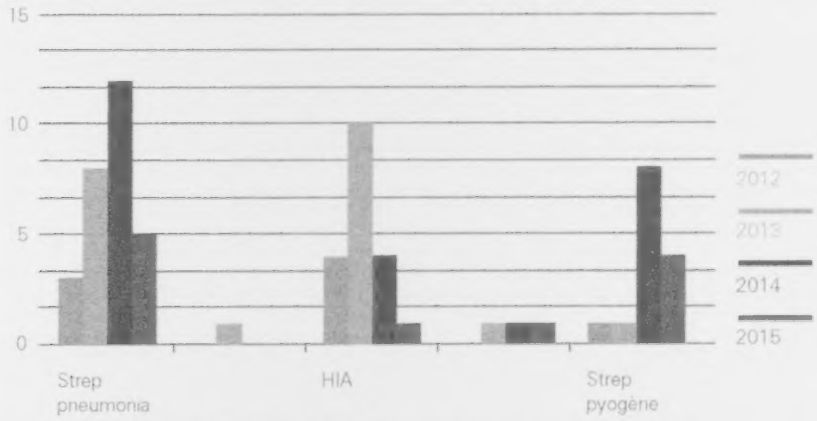
implemented during 2016.

Other *MADOs*

In 2015, four confirmed cases of foodborne botulism (type E), including one death, were reported in Nunavik. Those cases occurred during two distinct episodes: one isolated case and an aggregate of three cases. Fermented seal and beluga products were confirmed by a laboratory as the sources of these cases of botulinum poisoning. The last death due to botulism in Nunavik was reported in 1987.

The monitoring of invasive bacterial diseases revealed that fewer cases were reported in 2015 (*Streptococcus pneumonia (five), Haemophilus influenzae type A* (four), other type (one), *Pyogenic streptococcus* (four).

Table 2: Number of cases of invasive bacterial diseases in Nunavik, 2012 to 2015



Source: Compilation of data from circumpolar reports, 2012 to 2015

Immunization

Last December, the provincial vaccination registry was deployed in Nunavik. This registry contains the vaccination history of users in the entire province whose information has been digitally captured (e.g., *I-CLSC*). For Nunavik, these data are incomplete, as not all the vaccines have been entered into a digital record. Since the deployment, all vaccinators are required to enter the vaccines administered. The registry enables vaccinators to check, among other things, a user's vaccination history before administering a vaccine. It also permits establishing a profile of immunization coverage.

At the request of the Nunavik DPH, the group of experts from the *Comité d'immunisation du Québec (CIQ)* [Québec immunization committee] revised the protocol for the BCG vaccine as applicable in Nunavik. The *CIQ* recommends reintroduction of that vaccine for all the communities where the annual tuberculosis-infection rate is higher than 1%. The target groups are newborns and children under the age of two years. Four villages respond to the criteria: Inukjuak, Kangiqsualujjuaq, Salluit and Umiujaq. The vaccine has been offered in Kangiqsualujjuaq since October 2012 and in Salluit since August 2015 due to the outbreaks in those villages. Reintroduction of the vaccine for the other two communities is planned for 2016.

Environmental Health

Again this year, the environmental-health team was involved in the issue of mine exploration and exploitation in Nunavik. It coordinated the multidisciplinary team tasked with formulating

recommendations relative to health and social services issues for the preparation of the order for the project of the rare-earth mine in Strange Lake, Nunavik. Those recommendations, submitted to the Kativik Environmental Quality Commission (KEQC) in July 2015, outline the NRBHSS' preoccupations notably regarding effects on the population's physical and psychosocial health, consequences on the practices of hunting, fishing and gathering, and impacts on the organization of health services. The work was preceded by a day of training in Kuujjuaq with the goal of better preparing health professionals concerned with potential issues in health and social services or planning of health services related to the impacts of mining projects. A similar training program was provided in December 2015 for representatives of the Nunavik municipalities and landholding corporations in order to provide them with a glimpse of the mining issues related to the population's health, with consideration, notably, for the various types of mines, the phases of their life cycle and their location on the territory.

During the year, efforts also focussed on the development of a procedure for managing the reporting of reportable diseases of a chemical origin (chemical *MADOs*) as well as following up cases reported to the Nunavik DPH. In 2015, 76 reports were registered, most involving cases that exceeded the threshold for exposure to mercury.

The environmental-health team also intervened in response to several reports and requests for information of varying nature:

- hydrocarbon-fuel spills;
- mould;
- bed bugs;
- etc.

Moreover, in the aftermath of the incident at the Kangiqsualujjuaq arena in April 2015, a plan of action was designed in view of documenting arena problems in all the Nunavik communities as well as informing and raising awareness among the managers on the importance of monitoring the quality of indoor air at those establishments. Recall that more than 140 individuals were overcome by a toxic gas during the regional bantam hockey tournament at the Kangiqsualujjuaq arena, the probable cause being nitrogen dioxide emitted by a resurfacer (Zamboni).

In the spring 2015, a campaign was launched among the municipalities concerning the importance of protecting the health of bathers and guaranteeing the quality of swimming-pool water.

The environmental-health team worked jointly with the Kativik Regional Government on the monitoring of the quality of drinking water in the Nunavik communities. It notably ensured that the actions necessary to protecting public health were taken whenever the situation dictated.

Occupational Health

- For a Safe Maternity Experience
  - Over the past three years, we processed an average of 151 applications for reassignment per year. In 2015, 165 applications originating from 74 different establishments were processed by our medical advisor. As in previous years, the applications mostly came from early-childhood centres, schools, the health sector and businesses. Our medical advisor's recommendations are translated into English at the request of the attending physician or the pregnant woman.
- Mining Sector
  - The occupational-health team works with the two Nunavik mining enterprises on an average of four times per year for the nurse and two times per year for the physician responsible

for the health program specific to mines, in addition to teleconferences. There are some 1 500 workers at the two mining sites, including subcontractors. The team works at reduction of contaminants (noise, fumes, silica dust, lead, biological contaminants, mould and so forth) at the source, as well as on ergonomic and physical issues. Moreover, it inspects installations and is available for consultation for the purpose of creating environments conducive to the workers' physical and psychological health, whether underground or on the surface, as well as installations for on-site lodging (sewage treatment, drinking water, food services, etc.). It also covers emergency first-response services and first aid with the establishments' health and safety committees and follows up response to recommendations during its visits.

◊ Public-Administration Sector

- Our department has a nurse, permanently based in Kuujjuaq, who visits the 14 municipalities during the year. Those visits cover the municipal installations (garages, drinking-water plants, arenas, fire stations, pools, sewage) as well as the carpentry workshops and police stations. The nurse is supported by a medical advisor and an industrial hygienist. The team ensures that worker health is not compromised and also provides information, training on biohazards, noise and fumes, and other services as needed. It also conducts investigations in cases of hazards to worker health.

◊ Requests for Services

- During the year, we responded to requests for services from the *CSST*, the Department of Public Health and various workplaces concerning worker health and safety.

Health Promotion and Prevention of Diseases, Psychosocial Problems and Trauma

Several intervention strategies are applied in prevention and health promotion covering various components, such as, for example, nutrition, food security, physically active lifestyles, prevention of smoking and prevention of diabetes. These strategies aim to reinforce community action, develop personal skills and create environments conducive to health. For that purpose, actions go through community support in the form of funding, initiative planning and start-up, training, creation of educational aides and so forth.

A large part of the team's resources supports projects led and conceived by and for the communities,[1] projects that continue over a period of years. Below are but a few examples:

◊ Blue Nose Marathon;

◊ volleyball in Salluit (grade 8);

◊ community kitchens;

◊ meetings with diabetic individuals;

◊ nutrition-education activities;

◊ projects involving food aid and autonomy;

◊ Jeunes Karibus.

The communities' and various players' involvement and succession in terms of maintaining activities are key elements.

Ilagiilluta Program[2]

Regional Coordination Committee for Ilagiilluta/Nuisuurq/Qiturngavut

The regional coordination committee for Ilagiilluta/Nuisuurq and Qiturngavut voted to name this program Ilagiilluta, to acknowledge the incredible work done by the Ilagitsuta team in Puvirnituq. Two meetings were

1. Community-based and community-led projects
2. Integrated Services in Perinatality and Early Childhood Program (ISPEC)/*Services intégrés en périnatalité et petite enfance (SIPPE)*

held, one in June and one in December. The redaction of an Ilagiilluta framework, the development of an Inuit-specific development tool and the deployment of the neglect program were discussed.

FASD Prevention and Awareness Raising

In 2015-2016, the stakeholders worked at the deployment of the FASD prevention and awareness raising throughout Nunavik; activities are ongoing in Kuujjuaq and Puvirnituq. The NRBHSS supported two training programs, one on each coast, to train front-line workers in FASD prevention in their communities. CLWWs, midwives and other front-line workers have been trained. They will receive further support for the deployment of prevention activities in their communities.

Healthy Schools

Fifteen of the region's seventeen schools applied for funding under the Healthy Schools program, covering a wide variety of topics, including:

- nutrition,
- prevention of diabetes,
- healthy relationships,
- oral health,
- prevention of infections,
- physically active lifestyles,
- mental health,
- prevention of violence,
- prevention of alcohol and drug use,
- smoking reduction,
- stress management,
- sexual health,
- safety.

Nutrition, physically active lifestyles, mental health and stress management were the most popular topics.

Further, a new resource was hired for the portfolio of preventing bullying whose tasks include taking an inventory of the interventions performed in the schools relative to prevention of bullying and assessing the needs for such interventions. The resource's tasks are not limited to school environments but also cover the community.

Baby-Book Program

A memorandum of understanding is being drafted among all the stakeholders, health centres, the KSB and the NRBHSS to start deploying the program throughout Nunavik.

Recruitment of a regional trainer is under way and two regional training programs are currently being planned.

Communication Campaign to Reduce Child Exposure to Risky Behaviour Linked to Alcohol Abuse

As alcohol abuse in caregivers constitutes an important risk factor for child sexual abuse, neglect and domestic violence, a communication campaign will be launched. The campaign responds to the third objective of the Ilagiilluta program, which is to create safe environments for children. The call for tenders is currently under way.

GOOD TOUCH/BAD TOUCH PROGRAM (GTBT)

- The GTBT was deployed in the following communities:
  - fully in Kangiqsualujjuaq (February 2015);

- first part of the program (week 1 of 2) in Puvirnituq (April 2015);
- fully in Kuujjuaraapik (April to June 2015).

◊ In September, the training "Community is the medicine" was offered to the GTBT team.

◊ Moreover, recruitment for the position for GTBT coordinator is under way but the position remains vacant.

◊ Dominique Lavallée and Stéphanie Jodoin served as acting psychosocial officers in the DPH pending the hiring of a permanent officer.

◊ Moreover, the application for Ungaluk funding for the 2016 GTBT program was accepted.

◊ In January, the "Hidden Face" workshop was offered in Kuujjuaq (part 1 of GTBT); in March, the "Kids Have the Right to Be Safe" workshop was offered in Kuujjuaq.

Nutrition

A total of 14 regular community projects related to nutrition and food security were supported in 10 communities.

One-off projects such as the distribution of healthy snacks during summer camps or sporting events and various activities were organized under various promotional campaigns such as:

◊ Nutrition Month;

◊ Country Food Day;

◊ Breast-feeding Week.

The DPH also participated in the deployment of regional programs, such as the in-store nutrition program, which aims at improving the food environment and helping consumers make healthy choices at the points of purchase, and which continued in the 14 communities. Jointly with the Inuulitsivik and Tulattavik Health Centres, the DPH also financially supports a program providing access to healthy foods for pregnant women. Likewise, in partnership with the KSB, the KRG and the Breakfast Club of Canada, the DPH funded breakfast clubs in eight of the region's schools.

To combat food insecurity, which affects more than half the families in the region, the DPH coordinates a process that was launched in 2014 for the drafting and adoption of a regional food-security policy. A working group consisting of 14 representatives of the principal regional organizations and associations was set up to design that policy. Four meetings were held in the past year, enabling a better understanding of the existing programs and initiatives in the region to improve food security and identify the priorities to form the basis of the policy. The work begun will continue in the coming year.

The DPH also coordinates the Nunavik Nutrition and Health Committee (NNHC), whose mission is to advise and guide various research projects on nutrition and contaminants in the region.

Diabetes

Jointly with the two health centres, health professionals visited the communities once or twice during the past year to meet with diabetic individuals in groups or individually. The objective of those meetings is to provide information on the roles of nutrition, physical activity and stress management in controlling diabetes. Other complementary activities raising awareness on diabetes are also organized.

Annual screening for diabetic retinopathy among diabetic individuals was also held at both health institutions.

Smoking

Work on smoking prevention and on support for cessation, carried out jointly with the *INSPQ*, began in order to gain a better understanding of the attitudes, beliefs and behaviour relative to tobacco use. The joint efforts included identifying the best ways to reach targeted individuals.

The target groups are:

- ◊ young persons;
- ◊ pregnant women;
- ◊ parents of young children;
- ◊ adults.

Consultations will be held over the coming months with the above groups.

Physical Activity

Overall health is at the heart of the prevention and promotion team's preoccupations, thus the support for several multidimensional projects.

Below are some project examples:

- ◊ Blue Nose Marathon for youths in Salluit;
- ◊ Déry health challenge for adults in Kuujjuaq;
- ◊ activities for fathers and their children in Inukjuak;
- ◊ Jeunes Karibus in four communities.

All of these activities were held over a more or less long period and required a level of commitment from the participants. Further, a multitude of aspects came into play, through weekly training, learning about stress management, participating in activities, creating interpersonal ties, exceeding personal capacities, persevering and so forth.

Ongoing Monitoring of the Population's Health and Vigilance

Monitoring is a function that supports activities in prevention, promotion and protection. It in turn is supported by vigilance. Monitoring and vigilance together support decision making through analysis of various data banks and production of presentation documents, summaries, demographic data, etc.

In 2015, 875 cases of reportable diseases (*MADOs*) were registered. Among sexually transmitted and bloodborne infections (STBIs), genital chlamydiosis and gonococcal infection had the highest rates, accounting for more than 90% of all *MADOs* reported in Nunavik.

Airborne diseases came in second in terms of rate. Active tuberculosis represented roughly 90% of reported cases in this group.

There were no reports of nosocomial infections for the region in 2015, most likely due to the fact that there is no system in place to monitor these cases.

Table 3: Reported cases by *MADO* group, sexes combined, all ages, Nunavik, 2015-2016

MADO group	Frequency (%)
Total sexually transmitted and bloodborne infections	**767 (89.7)**
Total airborne diseases	**48 (5.6)**
Total bowel diseases and food- or waterborne diseases	24 (2.8)
Total vaccine-avoidable diseases	11 (1.3)
Total diseases subject to heightened reporting *(botulism*)*	4* (0.5)

Source: Public-health infocentre of the *Institut national de santé publique du Québec*, report from April 7, 2016.

Two health profiles were produced jointly with the *INSPQ*: a health profile of young children and their mothers (2014) and a health profile of youths, adults and elderly persons (2015). ■

DEPARTMENT OF
INUIT VALUES AND PRACTICES

The Department of Inuit Values and Practices is responsible for two contribution agreements with the Federal Government:

- The **Brighter Futures program**, which provides funding for all the communities on a per capita basis. Although there was a long delay in receiving the funding this year, 49 projects were approved and completed before March 31, 2016.
- The **Indian and Residential School (IRS) Resolution Health Support Program** continues to function with Health Canada to support the Emotional Health Support Program for former students of our region. The mandate of these support workers is to offer emotional support to former students of residential schools and their families, especially those who will undergo the independent assessment process (IAP) in the coming months. The communities of Kuujjuaq, Salluit, Inukjuak, Puvirnituq, Akulivik, Aupaluk, Kangirsuk, Umiujaq and Ivujivik were visited to meet with clients who need emotional-health support. The emotional-health support team also assists the CLSCs and the schools to support individuals in need of counselling.

The department manages the following provincial programs:

- **Midwifery:** The Department of Inuit Values and Practices has been mandated by the executive director to work on the regional framework for the implementation of the birthing centre in our region and on the clinical plan for Kuujjuaq's birthing centre. The director of IVP and Fabien Pernet have been working with the midwifery coordinator on the Ungava coast, Marie-José Gagnon, on producing the documents to be submitted to the boards of directors of the Nunavik Regional Board of Health and Social Services and the two institutions—Tulattavik and Inuulitsivik--and subsequently to the *MSSS*.
  - The final draft of the "Kuujjuaq Birthing Center Clinical Plan" was finished in the beginning of February and approved by the UTHC board of directors. This clinical plan was then presented to the *MSSS*, and the working committee will likely have to defend our project before the *MSSS* in May.
  - The final draft of the "Regional Framework for Birthing Houses and Midwifery in Nunavik" was finalized in February and March and then presented during the NMWG face-to-face meeting in Inukjuak, March 30 and 31. The NMWG approved the regional framework.
- **Prevention of Elder Abuse:** The region applies the *2010-2015 Governmental Action Plan to Counter Elder Abuse*, a ministerial program promoting a regionally grounded approach to help abused and vulnerable elders. The regional coordinator to counter elder abuse is thus part of the Department of Inuit Values and Practices, ensuring that Nunavik elders benefit from culturally adapted measures. His mandate is also the empowerment of elders and their caregivers and the promotion of individual and cultural resilience.

  During the first year of his mandate, the regional coordinator drafted a plan of action, based on local consultations with Nunavik elders. This year, many efforts have been made to strengthen regional collaboration with the major regional partners and stakeholders. Root causes of elder abuse across Nunavik can only be addressed through a concerted, cooperative approach, involving guidance from elders and shared resources with the partners.
- **Wellness Committees:** A wellness committee is an organized group of community members whose purpose is to identify health and wellness needs. Members should serve as liaison

between the population and the service providers. Twelve of the fourteen communities have such a committee.

◊ **Traditional Adoption:** The NRBHSS and Makivik Corporation are currently jointly coordinating a core group to assess the region's needs and intent regarding the development of a program for traditional adoption for and by *Nunavimmiut*. The core group intends to propose a framework on Nunavik Inuit adoption taking into account lessons learned from the past and integrating the underlying core values. To carry out its work properly, the core group will host meetings and working sessions and will consult communities and interested partners. After validation at a regional forum, final proposals will be presented to the boards of directors of the NRBHSS and Makivik Corporation. ■

REGIONAL DEVELOPMENT OF HUMAN RESOURCES

The year 2015-2016 was a remarkable year for the number of training programs deployed in the health and social services network in Nunavik. All training programs from 2014-2015 continued and the Department of Regional Human-Resources Development (DRHRD) also has many projects under way for next year which started in 2015-2016, such as the Boscoville 2000 training for employees of the new rehabilitation centre in Inukjuak and the addition of an extra day of training on cultural adaptation for new employees coming to work in Nunavik. In partnership with the Kativik School Board, the department is also developing an accredited training program leading to an AEC (attestation to collegial studies) for health-care and home-care assistants. Most importantly, two accredited programs leading to AEC are being developed in partnership with Marie-Victorin College.

Training

Training in Social Work (Youth Protection and CLSC), Specialized Education and Administration

Psychosocial training, provided by Marie-Victorin College, continued in 2015-2016. In the youth-protection and CLSC front-line services program, 30 training sessions were held in Kuujjuaq, Puvirnituq and Salluit between April 2015 and April 2016. In specialized education (rehabilitation), 24 training sessions were held in Kuujjuaq, Puvirnituq and Salluit. Finally, Marie-Victorin College continued delivering the training in communication and administration in 2015-2016 for a total of 23 sessions held in Kuujjuaq and Puvirnituq.

Psychosocial Training in Rehabilitation Centres

As a centre for innovation and development of social-adaptation, rehabilitation and youth-mobilization practices, Boscoville develops various programs and tools to provide training and coaching to youth-services workers based on the most effective intervention approaches. In 2015-2016, Boscoville worked with the Puvirnituq group-home team for a total of 78 days spread out over nine trips. The development agent helped the team to develop skills in positive behavioural interventions. This system is based on the psychoeducational structural model in rehabilitation services for Inuit clients under the *Youth Protection Act (YPA)* and the *Youth Criminal Justice Act (YCJA)*.

Inuit Management Training Program

Over the past year, three university-level courses were provided under McGill University's health and social services management certificate program (30-credit program). A total of 15 Inuit personnel members (management personnel and potential management personnel) participated in this training. The courses are given intensively over seven days in alternation between Kuujjuaq and Puvirnituq. Seven new students recently enrolled in the program this year. One more student completed the 30-credit program and attended her ceremony at McGill University in November 2015. Many other students are on their way to completing this program.

Orientation and Integration Training

Every new employee in the health and social services network takes part in orientation and integration

training. The first day of training provides an introduction to Inuit culture while the second day helps prepare new employees to live in Nunavik. In total, 17 sessions were held this year and 86 new employees participated. Work began in the early months of 2016 to add new content to this training. As of May 2016, there will be an additional day of training for cultural adaptation.

Clinical Projects

Several projects related to the clinical projects continued in collaboration with the Department of Planning and Programming and various committees. An example is the Puttautiit Conference, a regional suicide-prevention and healing conference and the first of its kind in Nunavik, held in Puvirnituq in the fall. A well-being network exhibition was organized by the department, providing an opportunity for participants and community members to learn about the different programs and services in the region which contribute to the well-being of *Nunavimmiut*. Among other projects, in the coming year a regional adaptation committee will oversee the adaptation of a training program on attachment for interveners working with youths in difficulty and their families.

Promotion and Recruitment

Career Promotion within Nunavik

Department members visited five communities in 2015. Presentations about Nunavik's health and social services network were made to high-school students and CLSC visits were organized with students interested in that field of work. Collaboration is also being developed with the Kativik School Board for community visits under the Futures Fair project.

Career Promotion outside Nunavik

The NRBHSS was present at various career fairs and universities to promote specialized jobs in Nunavik. The region was represented at 14 different university career fairs and career conferences and the Perspective Nunavik booth and promotional items have been very popular. These opportunities are a good way to promote careers in Nunavik's health and social services network. ■

DEPARTMENT OF OUT-OF-REGION SERVICES

MNQ Relocation Project

The year 2015 was a milestone for this project as we accepted the bid for the leasing of a new patient-lodging facility.

The plans and specifications have been discussed and definitive versions should be ready in the near future.

The construction of the building began in December 2015. As of March 23, 2016, work on the third floor was under way. The fourth and last floor should be completed in April. The new building will be rented by the Inuulitsivik Health Centre for a period of 15 years; it should be complete by November 2016 and ready for occupancy by December 2016. We are awaiting *MSSS* authorization before Inuulitsivik signs the lease.

The working group for the *MNQ* (*Module du Nord québécois*, or Northern Québec Module) relocation project meets every second Wednesday to follow up the requirements of the action plans. The plans and specifications are supervised by our architect firm EVOQ (formerly FGDMA).

A competition for a new name to replace *Module du Nord québécois* is under way. The new name should be selected by April, after which a new logo will be chosen.

For the new Dorval location, we asked the *MSSS* for a special budget of $1,157,113.10 to cover the furniture, telephone system and moving expenses. Upon approval, we will proceed with a call for tenders.

The new location is 695 Orly Avenue in Dorval, H9P 1G1; it is close to Dorval airport and Côte-de-Liesse highway.

From October 2015 to February 2016, the average occupancy rate of the *MNQ* on Tupper Street in Westmount was 76.75% (as an example, in February 2016, the occupancy rate was 80%). The total for patients was 2,173 nights, for escorts, 1,433 nights at the YMCA.

Due to lack of space, patients are sometimes obliged to lodge elsewhere. For example, in February 2016:

- 935 nights were rented at hotels;
- patients stayed 1,427 nights with friends or relatives.

The *MNQ* staff provide services to all patients staying at the *MNQ*, at hotels as well as with friends or relatives.

Homelessness Committee

Increased Services for Inuit and Aboriginals in the City

There has been a renewed effort by local law-enforcement and other urban agencies in the City of Montréal to reduce problems of homelessness.

As participant in one of the committees in the Montreal Urban Aboriginal Community Strategy Network, a department representative attended regular meetings throughout the year.

Open and respectful relations with the Montréal Police Force are an integral part of a successful action plan. The police force has acquired more specific training on dealing with First Nations members and Inuit. A tangible result is a memorandum of understanding (MOU) that allows for more community involvement and cultural-sensitivity training by the police force.

A major survey was conducted in the summer of 2015 whereby a count was made of all homeless people in the city.

Non-Insured Health Benefits (NIHB) Program

The NIHB is being monitored more closely by the *MSSS* and consequently by the NRBHSS. The costs associated with this program are substantial at over $43 million annually.

A committee was set up and tasked with monitoring the program in order to ensure better control of costs. Although several meetings were held on this matter, for the time being the program remains unchanged.

We believe in providing the population with adequate services to which it is entitled; at the same time, we must ensure optimal use of the financial resources granted.

The following are covered by the NIHB program:

- medications;
- dentistry;
- dental supplies;
- denture therapy, orthodontics;
- purchased services;
- optometry;
- eye examinations;
- spectacles;
- orthodontic devices and prostheses;
- hearing aids;
- rental of particular equipment;
- medical supplies;
- transportation for patients, when admissible, and escorts;
- repatriation of cadavers;
- lodging for patients and escorts in transit in villages;
- lodging for patients and escorts in Montréal.

RCORS (Regional Committee on Out-of-Region Services)

Internal Committee's Name Change

Previously known as the Regional Committee on Management of Patient Service (RCMPS), the committee is now the Regional Committee on Out-of-Region Services (RCORS).

The committee's membership remains unchanged for the most part, with the exception of the assistant to the executive director, who is no longer a regular member. The members are the executive directors of the Inuulitsivik and Tulattavik Health Centres, the director of Administrative Services, the director of Planning and Programming, the director of Out-of-Region Services, the director of the *MNQ* and the executive director of the NRBHSS.

The RCORS's mandates consist of supporting the institutions in their work at establishing hierarchy among and integrating care and services and establishing the broad, regional guidelines concerning programs and service organization, which enable all involved to better assume their responsibilities with their respective populations. ■

DEPARTMENT OF

ADMINISTRATIVE SERVICES

The Department of Administrative Services provides a wide variety of support services for all other departments of the health board.

Some of our primary resource management services include: budget and financial services, human resource management, procurement services and facilities management. The department also supports the annual development and follow-up of the strategic regional planning. In link with the strategic planning, the department manages the development and follow-up of capital projects for short to long term investments for the Nunavik health and social services network.

The department also ensures support for the two health centers in the region on different files, such as budgeting and other financial services; as well as the maintenance of major assets through different renovation and replacement projects.

The team of administrative services work to establish, maintain, and foster positive, productive and respectful working relationships to ensure efficient and effective use of resources.

Financial Resources

Regional Budget

The 2015-2016 regional credits received from the *MSSS* totaled $171 million to fund the Nunavik Health and Social Services network as shown in the table below. During the year, the regional credits were allocated by the NRBHSS to various institutions. For their operations, both health centres received funding in the amount of $130 million. The NRBHSS paid and transferred $7.6 million to eligible community organizations. From this envelope, the NRBHSS also received and managed assigned funds, namely Non Insured Health Benefits Program.

Allocations	2014-2015	2015-2016
Establishments		
Inuulitsivik Health Centre	70M	73M
Ungava Tulattavik Health Centre	58M	57M
NRBHSS Assigned Funds		
Non Insured Health Benefits	21M	21M
Others	7.9M	8M
Community Youth Houses		
Youth Centres	3.9M	4M
Others (Community Organization Table)	3.7M	4.1M
Reserved - special projects not realized yet	2.5M	2.5M
Total Transfers	**167M**	**171M**

Operating Budget and Financial Results of the Health Centres

The NRBHSS, in fulfilling its supervisory role relative to the health centres, carried out major efforts throughout the year, including numerous meetings, to ensure proper financial follow-up.

The Ungava Tulattavik Health Centre ended with an operating surplus of approximately $2,232,984 for the current year. Its accumulated deficit amounts to approximately $6,633,880. The surplus will be used to reimburse part of the accumulated deficit. Support continues to be provided to this health centre in order to pursue the objectives of the multi-year recovery plan without negatively affecting the services provided to the population.

This year, the Inuulitsivik Health Centre ended the year with a surplus of $ 1,569,204 as shown in the table below.

Public institutions	2014-2015		2015-2016	
	Net Budget Authorized	Surplus (deficit)	Net Budget Authorized	Estimated Surplus (deficit)
Inuulitsivik Health Centre	70M	498,024	75M	1,569,204
Tulattavik Health Centre	58M	138,645	61M	2,232,984
Total	**128M**	**636,669**	**136M**	**3,802,188**

Funding of Community Organizations

The table below shows the amount allocated to eligible community organizations:

Community Organizations	2014-2015	2015-2016
Elders' Home		
Qilannguanaaq	250 000	280 000
Sailivik	219 999	280 000
Tusaajiapik	129 173	0
Inuit Women's Association of Nunavik		
Saturviit	150 000	151 200
Men's Association		
Qajaq Network	200 000	200 000
Men's Association of Inukjuak		
Unaaq	200 000	200 000
Supervised Apartments		
Community Lodging - Ungava	280 000	300 000
Supported Living Environment		
Community Lodging – Uvattinut	280 000	290 000
Treatment Centre		
Isuarsivik	572 000	600 000
Women's Shelter		
Ajapirvik	254 100	256 133
Initsiak	527 197	531 414

Community Organizations	2014-2015	2015-2016
Tungasuvvik	665 000	665 000
Family House		
Ayagutaq	0	20 000
Qarmaapik	0	250 000
Youth Association	0	100 000
Total Transfers	**3 727 469**	**4 123 747**

2015-2016 Operating Budget

In accordance with the *Act respecting health services and social services* (Chapter S-4.2) and the *MSSS* bulletins, the 2015-2016 operating-budget estimates were produced and adopted by the board of directors of the NRBHSS. As a result of proper budget planning and processes, the NRBHSS has ended its fiscal year with a minor surplus.

As one of its responsibilities, the Department of Administrative Services provided financial expertise and support to all departments including the Audit Committee.

Earmarked Funds

In addition to this operating budget, the NRBHSS also received and managed earmarked funds for specific activities. These earmarked funds were financed through two difference sources, one directly from the MSSS and the other from the regional envelope.

Fixed-Assets Funds

The 2015-2016 conservation and functional three-year plan was finalized. In close collaboration with the health centres, more support and funds were provided by the NRBHSS to accomplish most of the projects in Nunavik. The NRBHSS transferred $5.8 million in total for various fixed-assets projects. This amount was divided into four regional envelopes as shown in the table below:

Organization	Building Maintenance	Functional Renovations	Medical Equipment	Non-Medical Equipment	TOTAL
UTHC	743 776	156 375	530 151	214 214	1 644 516
IHC	2 036 674	1 014 190	503 489	402 014	3 956 367
NRBHSS	148 873	47 876	0	2 923	199 672
Total	**2 929 323**	**1 218 441**	**1 033 640**	**619 151**	**5 800 555**

The NRBHSS supported many projects in 2015-2016 in order to successfully maintain, improve and conserve our institutional and residential park.

Federal Funds

The contribution agreements for $7.2 million were signed with the federal government for 2015-2016 (see table below). Unlike the provincial earmarked funds, at the end of the year, the federal government recovers any unused funds.

Health Canada	2014-2015	2015-2016
Aboriginal Diabetes Initiative	635 632	540 683
Aboriginal Health Human Resources Initiative	0	0
Brighter Futures	1 153 893	1 153 893
Fetal Alcohol Spectrum Disorder	351 762	351 762
Home and Community Care	2 305 773	2 374 946
Indian Residential Schools Portfolio	675 530	675 530
Mental-Health Crisis Management	870 719	870 719
Nutrition North Canada	490 000	490 000
Prenatal Nutrition Program	445 082	314 234
Suicide-Prevention Strategy	160 000	169 273
Federal Tobacco Control	0	220 566
Indian and Northern Affairs		
Family Violence	15 463	0
Nunavik Nutrition and Health Committee	89 643	58 914
Total Subsidies	**7 18 547**	**7 214 526**

Various Activities

The NRBHSS supported and contributed to various specific areas as shown below:

◊ **Strategic Regional Plan**
The Department of Administrative Services supported the elaboration of the 2015-2016 Action Plan that was approved by the *MSSS* in a letter dated July 24 2015, authorizing the $7.6 million recurrent budget for the development of services in Nunavik. In compliance with the requirements of the agreement, a rendering of accounts was completed and presented to the *MSSS*.

◊ **Ulluriaq Transition Plan (Rehabilitation Services for Youth in Difficulty)**
In September 2015, transfer of the Ulluriaq project to the Ungnava Tulattavik Health Centre was completed.

◊ **Community Youth House**
During the year, the NRBHSS assisted the Nunavik Youth House Association (NYHA) with the urgent need to renovate their youth houses. The objective is to improve the operation of the facilities to better suit Nunavik youth.

◊ **Information Services**
The information Technology department returned under the authority of the Administrative Services Department.

Capital Master Plan

On February 15, 2011, the NRBHSS concluded an agreement with the *MSSS* which allocated funding for the following capital projects:

Health and social services	$200M
Personnel housing	$80M
Total	**$280M**

In compliance with this agreement, the NRBHSS revised the CMP to establish priorities in short- and long-term capital investments and to serve as a management tool. The Capital Master Plan Advisory Committee continues to update the Capital Master Plan and follow up capital projects in Nunavik.

As of March 31, 2016, the capital envelope reads as follows:

#	Projects		Facilities for Health and Social Services $200M	Staff Housing $80M
1	Projects begun before the signature of the agreement: equipment procurement, asset maintenance, office space, group homes (2), 19 assisted living units (Kangiqsualujjuaq), 46 housing units (2009)		18.3	20.4
2	70 staff-housing units (2011-2012)			33.9
3	Construction of a DYP building in Puvirnituq		12.8	
4	Rehabilitation centre for girls (12-18 years) in Inukjuak		24.7	
5	50 housing units			25.7
6	Aupaluk CLSC	(Estimated)	19	
	Total committed		**74.8**	**80**
	Available balance		**125.2**	

Capital Projects

Rehabilitation Centre for Girls (Ages 12-18) in Inukjuak (Ulluriaq)

Three (3) new buildings include a living facility for its clientele, an administration section as well as a transit building for visiting families and a garage to store recreational equipment for traditional activities were completed in September 2015.

Aupaluk CLSC

Production of the functional and technical plan (FTP) was completed on March 2016. The selection process for the project manager is underway.

Staff-Housing 2015-2016

The *MSSS* approved 50 out of 92 housing units identified in the Strategic Regional Plan. To date, we have completed the following stages of the project:

◊ Construction and delivery of 18 units was completed at the end of March 2016. Remaining units will be delivered before September 2016.

Construction Committee

During the year, the Construction Committee held meetings with stakeholders, professionals and the *MSSS*. The committee continues to provide proper management tools and direction for each project.

Human Resources

The work carried out in 2015-2016 in the human resources department have mainly focused on:

- The transfer of the Ulluriaq work teams in the respect of clients, employees and working conditions prevailing. The transfer to the Ungava Tulattavik Health Centre took place in September 2015 in accordance with the action plan;
- The staffing (recruitment, selection, hiring) was done in consideration of a decrease in service offers as well as housing shortage and lack of workspace;
- The management of the various benefits related to working conditions.

Job Registry by Direction and Status
March 31st 2016

Departements	Permanent full time	Temporary full time specific project	Temporary Part time
Executive management			
employees	11	2	
management	2		
Administrative services			
employees	15	0.7	1
management	5		1
Out of region service			
employees	1	0.8	
management	1		
Planning programming			
employees	18	2	
management	4		
Inuit values and practices			
employees		7	
management	1		
Regional human ressources development			
employees	4	0.5	
management	1		
Public health			
employees	15	3	1
management	2		
Total	**80**	**16**	**3**

NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES

SUMMARY FINANCIAL REPORT

MARCH 31, 2016

NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES
SUMMARY FINANCIAL REPORT
MARCH 31, 2016

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SYNOPSIS REVIEW

NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES
SYNOPSIS REVIEW
MARCH 31, 2016

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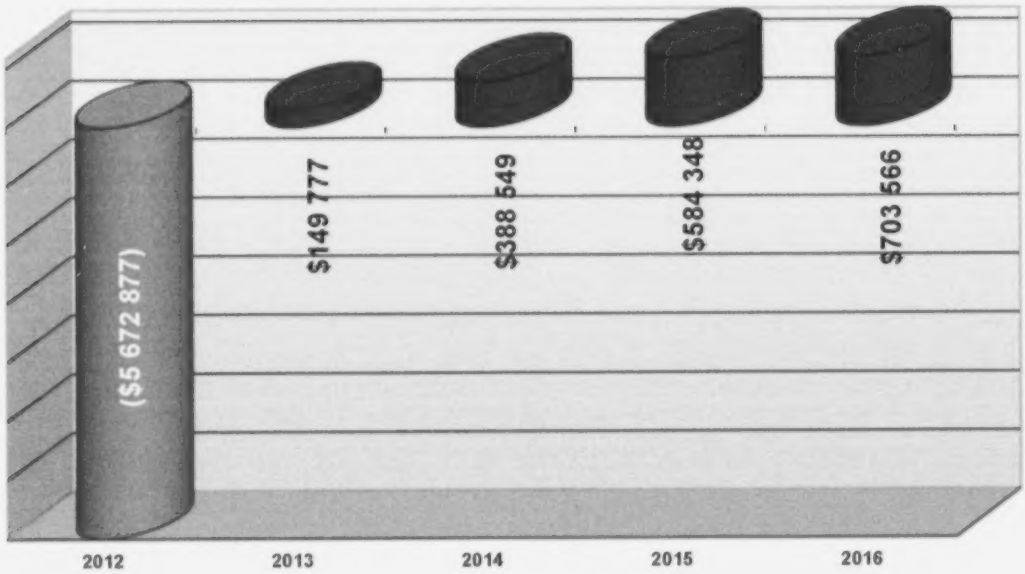
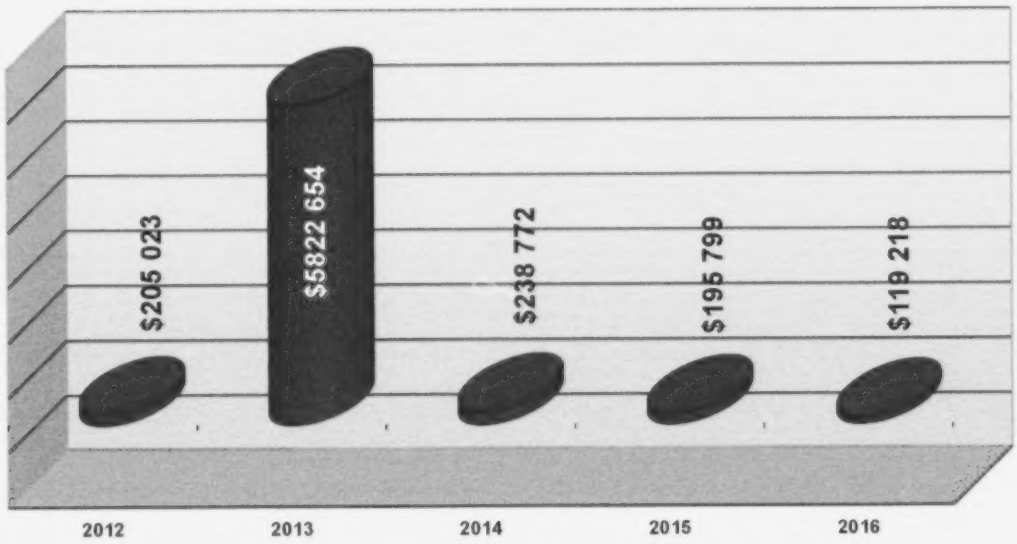
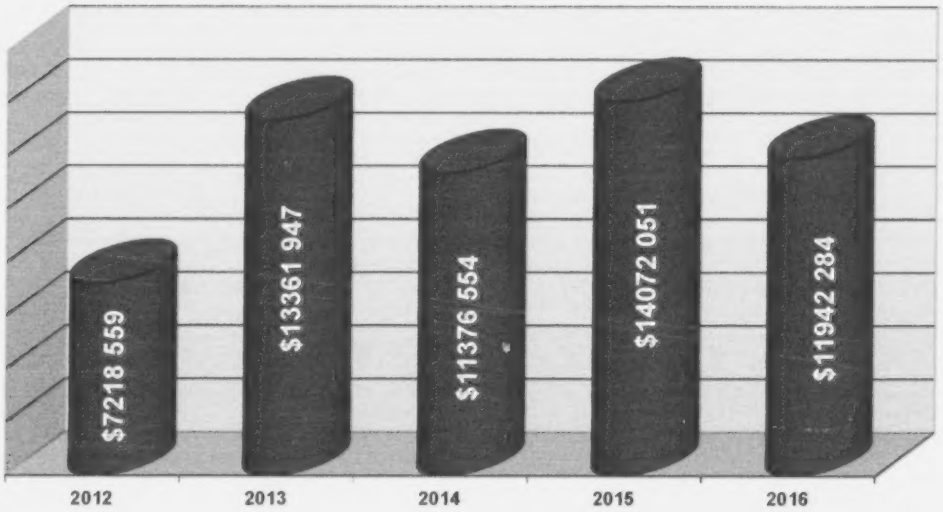
OPERATING FUND - FUND BALANCE



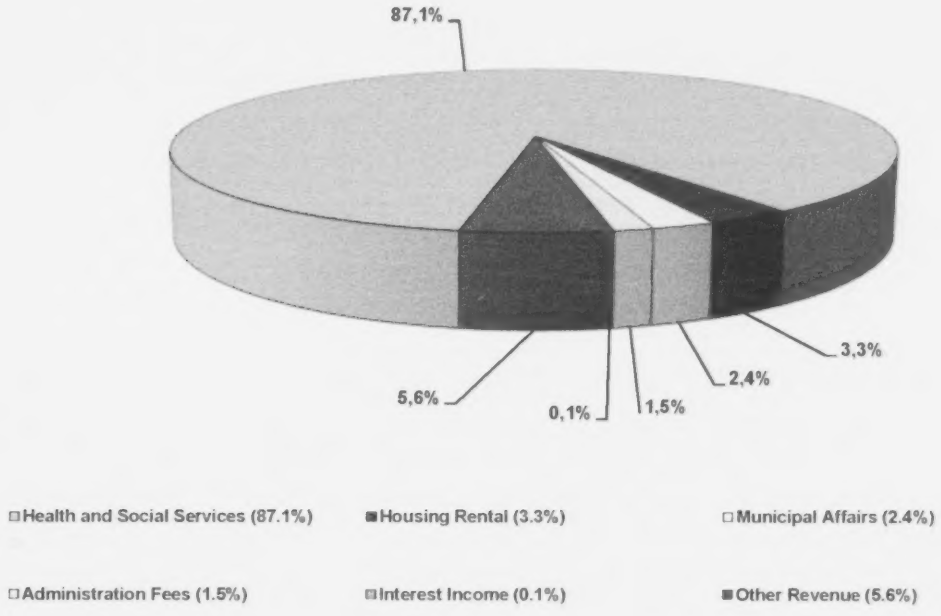
OPERATING FUND - EXCESS OF REVENUES OVER EXPENSES INCLUDING TRANSFERS TO ASSIGNED FUNDS



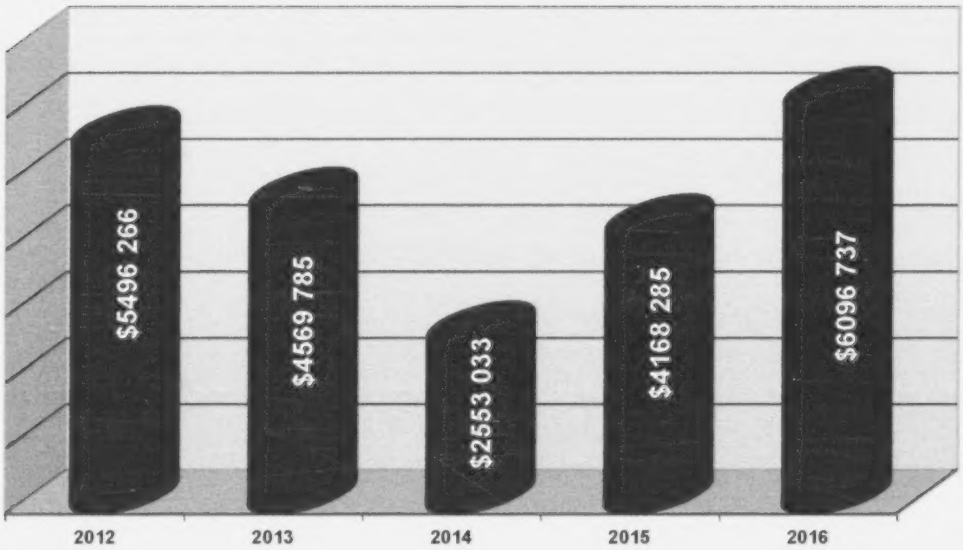
OPERATING FUND - EVOLUTION OF THE HEALTH AND SOCIAL SERVICES GRANTS



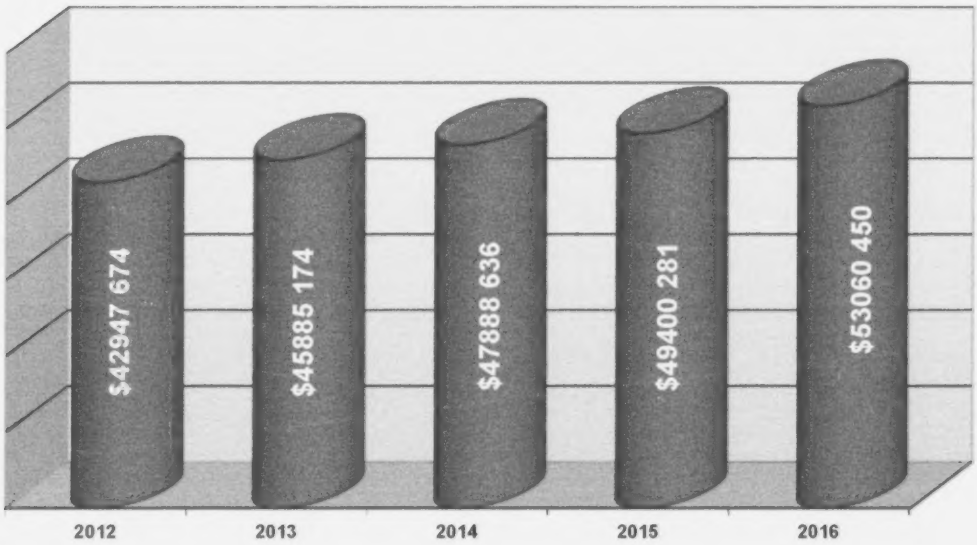
OPERATING FUND - SOURCES OF REVENUE FOR THE YEAR



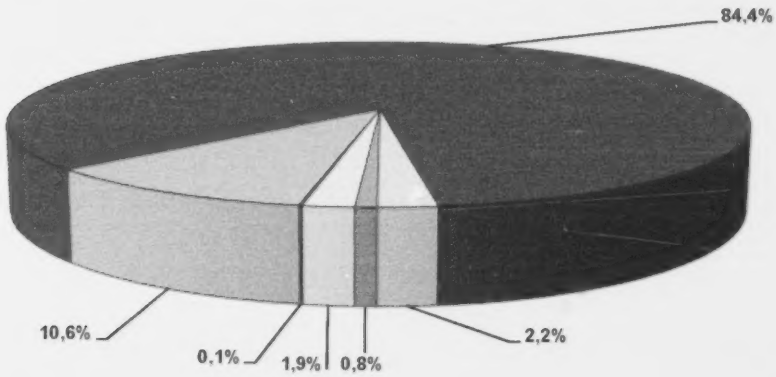
ASSIGNED FUND - COMBINED FUND BALANCE AND DEFERRED REVENUES



ASSIGNED FUND - EVOLUTION OF THE HEALTH AND SOCIAL SERVICES GRANTS



ASSIGNED FUND - SOURCES OF REVENUE FOR THE YEAR



Development Canada (0.1%)
Health Canada (10,6%)
Health and Social Services (84,4%)
Health Centres contributions (2,2%)
C.S.S.T. (0,8%)
Other (1,9%)

NUNAVIK REGIONAL BOARD
OF HEALTH AND SOCIAL SERVICES

SUMMARY FINANCIAL STATEMENTS

MARCH 31, 2016

NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES
SUMMARY FINANCIAL STATEMENTS
MARCH 31, 2016

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NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES
COMBINED BALANCE SHEET
MARCH 31, 2016

	2016 $	2015 $
FINANCIAL ASSETS		
CASH	**5 682 948**	6 547 897
ACCOUNTS RECEIVABLE	**117 566 780**	93 695 905
	123 249 728	100 243 802
LIABILITIES		
BANK LOANS	**5 800 555**	4 507 315
TEMPORARY FINANCING	**108 357 175**	72 017 114
ACCOUNTS PAYABLE AND ACCRUED CHARGES	**106 155 061**	84 887 812
DEFERRED REVENUE	**8 681 475**	7 761 110
BONDS PAYABLE	**22 534 141**	35 166 813
	251 528 407	204 340 164
NET FINANCIAL ASSETS (NET DEBT)	**(128 278 679)**	(104 096 362)
NON-FINANCIAL ASSETS		
CAPITAL ASSETS	**12 977 279**	13 667 579
CONSTRUCTION IN PROGRESS	**113 627 868**	87 591 346
	126 605 147	101 258 925
FUND BALANCE		
FUND BALANCE	**(1 673 532)**	(2 837 437)

APPROVED ON BEHALF OF THE BOARD:

_____, Member

_____, Member

NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES
COMBINED STATEMENT OF VARIATION OF
NET FINANCIAL ASSETS (NET DEBT)
YEAR ENDED MARCH 31, 2016

	2016 $	2015 $
SURPLUS (DEFICIT) FOR THE YEAR	**1 163 905**	574 510
Capital Assets Variation		
Acquisition of Capital Assets	**(216 686)**	(724 572)
Decrease (Increase) of Construction in Progress	**(26 036 522)**	(6 761 232)
Amortization of Capital Assets	**906 986**	898 677
	(25 346 222)	(6 587 127)
VARIATION OF THE NET FINANCIAL ASSETS (NET DEBT)	**(24 182 317)**	(6 012 617)
NET FINANCIAL ASSETS (NET DEBT) – BEGINNING OF YEAR	**(104 096 362)**	(98 083 745)
NET FINANCIAL ASSETS (NET DEBT) – END OF YEAR	**(128 278 679)**	(104 096 362)

NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES
COMBINED STATEMENT OF CHANGES IN FUND BALANCE
YEAR ENDED MARCH 31, 2016

	2016 $	2015 $
FUND BALANCE – BEGINNING OF YEAR	**(2 837 437)**	(3 411 947)
Excess (Deficiency) of Revenue over Expenses	**1 163 905**	574 510
Interfund transfers	-	-
FUND BALANCE – END OF YEAR	**(1 673 532)**	(2 837 437)

NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES
COMBINED STATEMENT OF REVENUE AND EXPENSES
YEAR ENDED MARCH 31, 2016

	2016 $	2015 $
REVENUE		
Grants and Contributions	**76 177 282**	74 939 801
Reimbursement of Grants	**(627 112)**	(516 373)
Housing Rental	**457 934**	458 222
Administration Fees	**207 655**	214 515
Interest Income	**16 757**	8 984
Inuulitsivik Health Centre	**300 324**	536 939
Tulattavik Health Centre	**1 086 485**	2 500 363
Other Revenues	**1 422 678**	1 716 575
	79 042 003	79 859 026
DEFERRED REVENUE – BEGINNING OF YEAR	**7 761 110**	6 755 734
DEFERRED REVENUE – END OF YEAR	**(8 681 475)**	(7 761 110)
	(920 365)	(1 005 376)
	78 121 638	78 853 650

NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES
COMBINED STATEMENT OF REVENUE AND EXPENSES (CONT'D)
YEAR ENDED MARCH 31, 2016

	2016 $	2015 $
EXPENSES		
Salaries and Fringe Benefits	**9 523 049**	12 332 513
Administration Fees	**207 855**	214 404
Advertising and Publicity	**269 311**	142 817
Amortization	**906 986**	898 677
Annual General Meeting	**127 483**	107 615
Doubtful Accounts (Recovery)	**(12 034)**	34 195
Equipment Rental	**54 526**	76 379
Freight Charges	**44 484**	64 347
Heating and Electricity	**397 776**	431 819
Honorarium	**326 725**	282 845
Housing Rental	**555 914**	577 148
Insurance	**25 213**	24 708
Installation Premium	**535 187**	615 871
Interest and Bank Charges	**1 666 537**	2 204 575
Land Leases	**106 628**	81 239
Maintenance and Repairs	**136 693**	114 035
Medical Supplies	**19 327**	15 952
Meetings and Seminars	**33 334**	25 457
Municipal Services	**323 439**	328 233
Office Expenses	**1 047 993**	1 132 750
Professional Fees	**1 142 191**	1 322 452
Publication and Membership	**36 999**	57 761
Purchased Services	**2 198 204**	2 700 662
Telecommunication	**201 393**	286 353
Training and Education	**36 052**	302 312
Transfers to Organizations	**3 020 396**	2 722 056
Transfers to Inuulitsivik Health Centre	**29 581 277**	28 820 393
Transfers to Tulattavik Health Centre	**21 072 396**	18 469 803
Travel and Accommodation	**3 088 807**	3 624 346
Vehicle Expenses	**42 632**	46 414
Other Expenses	**240 960**	221 009
	76 957 733	78 279 140
EXCESS (DEFICIENCY) OF REVENUE OVER EXPENSES	**1 163 905**	574 510

NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES
OPERATING FUND – BALANCE SHEET
MARCH 31, 2016

	2016 $	2015 $
FINANCIAL ASSETS		
CASH	**5 553 873**	6 279 658
ACCOUNTS RECEIVABLE (Note 3 a))	**5 924 014**	8 954 442
DUE FROM LONG-TERM ASSETS FUND (Note 8)	**127 501**	126 199
	11 605 388	15 360 299
LIABILITIES		
ACCOUNTS PAYABLE AND ACCRUED CHARGES	**4 789 839**	6 760 580
DUE TO ASSIGNED FUND (Note 8)	**5 904 343**	7 844 331
DEFERRED REVENUE (Note 5 a))	**207 640**	171 040
	10 901 822	14 775 951
NET FINANCIAL ASSETS (NET DEBT)	**703 566**	584 348
FUND BALANCE		
FUND BALANCE	**703 566**	584 348

NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES
OPERATING FUND – STATEMENT OF CHANGES IN FUND BALANCE
YEAR ENDED MARCH 31, 2016

	2016 $	2015 $
FUND BALANCE – BEGINNING OF YEAR	**584 348**	388 549
Excess (Deficiency) of Revenue over Expenses – Regular Operations	**177 069**	1 512 263
Transfers to Assigned Fund	**(57 851)**	(1 316 464)
FUND BALANCE – END OF YEAR	**703 566**	584 348

NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES
OPERATING FUND
STATEMENT OF REVENUE AND EXPENSES
YEAR ENDED MARCH 31, 2016

	2016 $	2015 $
REVENUE		
Health and Social Services	**11 978 884**	13 840 886
Housing Rental	**457 934**	458 222
Municipal Affairs	**323 439**	328 233
Administration Fees	**207 655**	214 515
Interest Income	**16 757**	8 984
Other Revenues	**767 419**	746 525
	13 752 088	15 597 365
DEFERRED REVENUE – BEGINNING OF YEAR	**171 040**	402 205
DEFERRED REVENUE – END OF YEAR (Note 5 a))	**(207 640)**	(171 040)
	(36 600)	231 165
	13 715 488	15 828 530
EXPENSES		
General Administration	**10 341 041**	11 353 681
Community Health Advisors	**2 120 895**	1 903 522
Building Operating Costs	**1 076 483**	1 059 064
	13 538 419	14 316 267
EXCESS (DEFICIENCY) OF REVENUE OVER EXPENSES	**177 069**	1 512 263

NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES
LONG-TERM ASSETS FUND – BALANCE SHEET
MARCH 31, 2016

	2016 $	2015 $
FINANCIAL ASSETS		
CASH	**129 075**	268 239
ACCOUNTS RECEIVABLE (Note 3 c))	**10 955 106**	12 581 245
	11 084 181	12 849 484
LIABILITIES		
BANK LOANS (Note 6)	**5 800 555**	4 507 315
ACCOUNTS PAYABLE AND ACCRUED CHARGES	**869 717**	2 290 729
DUE TO ASSIGNED FUND (Note 8)	**239**	239
DUE TO OPERATING FUND (Note 8)	**127 501**	126 199
TEMPORARY FINANCING	**108 357 175**	72 017 114
BONDS PAYABLE	**22 534 141**	35 166 813
	137 689 328	114 108 409
NET FINANCIAL ASSETS (NET DEBT)	**(126 605 147)**	(101 258 925)
NON-FINANCIAL ASSETS		
CAPITAL ASSETS (Note 4)	**12 977 279**	13 667 579
CONSTRUCTION IN PROGRESS (Note 10)	**113 627 868**	87 591 346
	126 605 147	101 258 925
FUND BALANCE		
FUND BALANCE	**-**	-

NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES
LONG-TERM ASSETS FUND
STATEMENT OF CHANGES IN FUND BALANCE
YEAR ENDED MARCH 31, 2016

	2016 $	2015 $
FUND BALANCE – BEGINNING OF YEAR	-	-
Excess (Deficiency) of Revenue over Expenses	-	-
FUND BALANCE – END OF YEAR	-	-

NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES
LONG-TERM ASSETS FUND
STATEMENT OF REVENUE AND EXPENSES
YEAR ENDED MARCH 31, 2016

	2016 $	2015 $
REVENUE		
Health and Social Services – Interest Reimbursement	**1 575 309**	2 106 136
Health and Social Services – Accounting Reform	**(1 817 412)**	(1 687 292)
Health and Social Services – Capital Reimbursement	**2 724 398**	2 585 969
	2 482 295	3 004 813
EXPENSES		
Interest Charges	**1 575 309**	2 106 136
Amortization	**906 986**	898 677
	2 482 295	3 004 813
EXCESS (DEFICIENCY) OF REVENUE OVER EXPENSES	-	-

NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES
ASSIGNED FUND – BALANCE SHEET
MARCH 31, 2016

	2016 $	2015 $
FINANCIAL ASSETS		
DUE FROM LONG-TERM ASSETS FUND (Note 8)	**239**	239
DUE FROM OPERATING FUND (Note 8)	**5 904 343**	7 844 331
ACCOUNTS RECEIVABLE (Note 3 b))	**100 687 660**	72 160 218
	106 592 242	80 004 788
LIABILITIES		
ACCOUNTS PAYABLE AND ACCRUED CHARGES	**100 495 505**	75 836 503
DEFERRED REVENUE (Note 5 b))	**8 473 835**	7 590 070
	108 969 340	83 426 573
NET FINANCIAL ASSETS (NET DEBT)	**(2 377 098)**	(3 421 785)
FUND BALANCE		
FUND BALANCE	**(2 377 098)**	(3 421 785)

NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES
ASSIGNED FUND – STATEMENT OF CHANGES IN FUND BALANCE
YEAR ENDED MARCH 31, 2016

	Project Number	Fund Balance Beginning of Year $	Deferred Revenue Beginning of Year $	Revenue $	Deferred Revenue End of Year (Note 5b)) $	Expenses $	Interfund Transfers $	Fund Balance End of Year $
ADMINISTRATION								
Provincial funds								
Housing Construction	701	-	-	-	-	-	-	-
PACS Teleradiology	702	-	-	-	-	-	-	-
MEO Technology Orientation	759	-	29 291	-	29 291	-	-	-
Emergency Measures	998	-	15 365	1 107 700	-	1 224 784	-	(101 719)
Bandwidth Enhancement Project	8860	-	73 212	-	73 212	-	-	-
Other funds								
Saqijuq Nunavik - Quebec Project	826	-	275 899	211 899	146 876	340 922	-	-
Pandemic Influenza	8001	-	-	-	-	-	-	-
Technocentre	8840	-	-	72 394	-	90 492	18 098	-
Regional Administrative Services	8891-92	-	101 946	329 028	337 624	133 103	39 753	-
		-	495 713	1 721 021	587 003	1 789 301	57 851	(101 719)
REGIONAL DEVELOPMENT OF HUMAN RESOURCES								
Provincial funds								
Training provided to Inuits on Medical Terminology	8022	-	91 261	-	91 261	-	-	-
Youth Protection Intervention	8026	(37 082)	-	-	-	-	-	(37 082)
Network Planning Program	8032	-	150 000	-	110 145	39 855	-	-
Interns Integration Program	8033	-	112 500	-	112 500	-	-	-
Federal funds								
Aboriginal Health Human Resources Initiative	811	(216 848)	-	-	-	-	-	(216 848)
Other funds								
Cancer Program	825	-	55 024	147 900	102 471	100 453	-	-
Administrative Agent Training for Inuits	8025	-	730 495	-	724 805	5 690	-	-
		(253 930)	1 139 280	147 900	1 141 182	145 998	-	(253 930)

NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES
ASSIGNED FUND – STATEMENT OF CHANGES IN FUND BALANCE (CONT'D)
YEAR ENDED MARCH 31, 2016

	Project Number	Fund Balance Beginning of Year $	Deferred Revenue Beginning of Year $	Revenue $	Deferred Revenue End of Year (Note 5b)) $	Expenses $	Interfund Transfers $	Fund Balance End of Year $
INUIT VALUES								
Provincial funds								
Managerial Staff Development	610	-	120 518	25 480	144 640	1 358	-	-
Midwifery Program	901	-	2 428	-	-	2 428	-	-
Regional Midwifery	8016	-	75 826	-	-	78 673	-	(2 847)
Federal funds								
Brighter Futures	699	-	-	1 128 304	-	1 128 304	-	-
Indian Residential Schools	819	-	-	488 580	-	488 580	-	-
Other funds								
Aboriginal Healing Foundation	800	-	-	-	-	-	-	-
ITK – Regional Engagement Coordinator	804	-	-	-	-	-	-	-
McGill Social Workers' Project	815	-	38 073	-	38 073	-	-	-
		-	236 845	1 642 364	182 713	1 699 343	-	(2 847)
OUT-OF-REGION SERVICES								
Provincial funds								
Insured/Non-insured Health Benefits Program	938	-	-	46 213 651	-	46 213 651	-	-
Insured/Non-insured Health Benefits Management	939	(200 277)	-	348 251	-	486 519	-	(338 545)
		(200 277)	-	46 561 902	-	46 700 170	-	(338 545)
PUBLIC HEALTH								
Provincial funds								
Inuit Health Survey	690	-	876 342	1 900 000	2 762 052	14 290	-	-
Smoking Action Plan	913	-	-	-	-	-	-	-
Food Safety Project	915	-	8 989	-	-	18 442	-	(9 453)
Breast Cancer Screening Program – Regional	916	-	-	-	-	-	-	-

NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES
ASSIGNED FUND – STATEMENT OF CHANGES IN FUND BALANCE (CONT'D)
YEAR ENDED MARCH 31, 2016

	Project Number	Fund Balance Beginning of Year $	Deferred Revenue Beginning of Year $	Revenue $	Deferred Revenue End of Year (Note 5b)) $	Expenses $	Interfund Transfers $	Fund Balance End of Year $
PUBLIC HEALTH (CONT'D)								
Provincial funds (Cont'd)								
Quebec Smoking Cessation Program	926	-	25 335	1 400	10 815	15 920	-	-
Kinesiology	931	-	111 292	-	29 828	81 464	-	-
Integrated Perinatal and Early Children	933	-	9 788	-	8 217	1 571	-	-
Oral Hygiene Survey	934	-	162 560	-	162 560	-	-	-
ITSS and Tuberculosis Prevention	935	-	97 843	-	95 093	2 750	-	-
Community Organizations Coordinator	936	-	94 289	-	94 289	-	-	-
AIDS and STD – Information and Prevention	956	(114 510)	-	-	-	34 728	-	(149 238)
Hepatitis C	959	-	6 159	-	6 089	70	-	-
Nosocomial Infections	960	-	-	-	-	-	-	-
STBI Research Project	968	-	179 343	-	130 000	49 343	-	-
Air Quality for Nunavik Residents	8017	-	13 410	-	13 410	-	-	-
PSSP Management Fees	8019	-	14 000	-	14 000	-	-	-
Environmental Health	8024	-	125 000	-	125 000	-	-	-
Good Touch Bad Touch	8030	-	65 023	205 000	3 177	266 846	-	-
Promotion of Healthy and Safe Sexual Practices	8031	-	-	-	-	-	-	-
Federal funds								
Health Consultation	600	-	-	-	-	-	-	-
NNHC Functioning	614	-	15 743	58 917	11 551	63 109	-	-
Tobacco Federal Program	631	-	-	-	-	-	-	-
FASD	634	-	-	286 116	-	286 116	-	-
Diabetes	693	-	183 679	588 188	183 679	588 188	-	-
Perinatal Nutritional Program	696	-	31 039	347 087	1 364	376 762	-	-
AHTF Healthy Living in School and Substance Abuse	809	-	4 410	-	4 410	-	-	-
Nutrition North Canada	820	-	-	469 823	-	469 823	-	-
Communication Plan	821	-	6 052	-	6 052	-	-	-
Federal Strategy for Smoking Prevention in Nunavik	827	-	-	654	-	654	-	-
Tuberculosis Outbreak	937	-	-	86 975	7 158	79 817	-	-

NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES
ASSIGNED FUND – STATEMENT OF CHANGES IN FUND BALANCE (CONT'D)
YEAR ENDED MARCH 31, 2016

	Project Number	Fund Balance Beginning of Year $	Deferred Revenue Beginning of Year $	Revenue $	Deferred Revenue End of Year (Note 5b)) $	Expenses $	Interfund Transfers $	Fund Balance End of Year $
PUBLIC HEALTH (CONT'D)								
Other funds								
Occupational Health and Safety	611	-	15 916	479 091	24 899	470 108	-	-
Kino Quebec	612	-	183 908	48 632	202 050	30 490	-	-
Injuries Prevention Research	655	-	4 915	-	2 539	2 376	-	-
Vaccines B – Sec. 5	660	(197 769)	-	7 000	-	55 772	-	(246 541)
Arctic Net Project	668	-	9 457	-	9 457	-	-	-
Dental Health for Primary School	803	-	8 529	-	8 529	-	-	-
Literacy Learning – "How I Quit Smoking"	805	-	43 010	-	43 010	-	-	-
		(312 279)	2 296 031	4 478 883	3 959 228	2 908 639	-	(405 232)
PLANNING AND PROGRAMMING								
Provincial funds								
Upgrade Units Endoscopy	682	-	-	-	-	5 623	-	(5 623)
Network Training	683	-	170 000	-	25 182	144 818	-	-
Medical Congress	684	-	-	-	25 000	-	25 000	-
Training Doctors for Northern Territory	685	-	-	212 631	134 517	78 114	-	-
Medical Training – Legal Kit	790	-	101 620	-	99 690	1 930	-	-
Women's Health Program	791	-	21 399	-	21 399	-	-	-
Missing and Murdered Women	795	-	-	-	-	1 717	-	(1 717)
Ulluriaq Annex	823	(211 250)	-	-	-	30 019	-	(241 269)
Unit for Boys	824	(419 728)	-	1 126 835	-	1 100 903	-	(393 796)
Installation Premiums and Training	920-921-923	-	675 288	629 598	-	600 967	(703 919)	-
External Residency in Family Medicine	922	(627 453)	-	-	-	-	627 453	-
PFM PNIQ - Stage for Inuits	924	-	-	3 426	-	3 426	-	-
Palliative Care	925	-	73 000	-	73 000	-	-	-
Pharmacy	928	(7 437)	-	107 437	100 000	-	-	-
Regional Committees against Violence	932	-	37 594	52 000	60 741	28 853	-	-
FMR - Other Expenses Related	940	-	-	-	47 087	4 379	51 466	-
Cancer	962	-	31 566	-	21 674	9 892	-	-

NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES
ASSIGNED FUND – STATEMENT OF CHANGES IN FUND BALANCE (CONT'D)
YEAR ENDED MARCH 31, 2016

	Project Number	Fund Balance Beginning of Year $	Deferred Revenue Beginning of Year $	Revenue $	Deferred Revenue End of Year (Note 5b)) $	Expenses $	Interfund Transfers $	Fund Balance End of Year $
PLANNING AND PROGRAMMING (CONT'D)								
Provincial funds (Cont'd)								
Services to Elders – PFT	964	-	115 527	-	106 776	8 751	-	-
Psycho-social Intervention	965	-	50 000	-	50 000	-	-	-
Training – Nurse and Social Workers	977	-	-	-	-	-	-	-
Suicide Prevention – Training	8006	-	148 706	-	148 706	-	-	-
Violence against Women – Training	8007	-	180 338	-	152 240	28 098	-	-
Community Organization – Training	8008	-	116 639	24 497	91 056	50 080	-	-
Mental Health – Support on Clinical Projects	8009	-	-	-	-	-	-	-
Suicide Prevention – Regional Strategy	8010	-	270 405	-	198 210	72 195	-	-
Breast Cancer – Diagnosis and Patient Support	8011	-	2 335	-	1 533	802	-	-
Services to Elders	8012	-	-	-	-	-	-	-
Training – Network Employees	8013	-	-	-	-	-	-	-
Sexual Harassment Intervention Team	8015	-	31 285	-	-	44 725	-	(13 440)
Dependencies	8020	(305 820)	-	32 842	-	24 996	-	(297 974)
Training on Attention and Hyperactivity	8021	-	56 505	-	54 143	2 362	-	-
Elder Abuse Prevention	8023	(130 250)	-	108 409	-	90 485	-	(112 326)
Services Support Program	8027	-	108 244	-	105 272	2 972	-	-
Therapeutic Guide Redaction	8028	-	37 000	-	14 464	22 536	-	-
Services for Men	8029	-	45 770	-	45 770	-	-	-
Advisory Committee – Law 21	9009	-	85 898	-	72 883	13 015	-	-
DYP Law 19 VS Inuit Values and Practices	9010	-	120 000	-	120 000	-	-	-
Expert Committee - Health Physics	9012	-	76 052	-	72 836	3 216	-	-
Training on Crisis Management	9052	-	130 903	-	130 903	-	-	-
Mental Health	9053	-	74 297	-	74 297	-	-	-
Psycho-social Committee	9077	-	-	-	-	-	-	-
CLSC – Regional Development Strategy	9079	-	2 428	-	2 428	-	-	-
Development Problems – Regional Committee	9080	-	10 564	-	10 564	-	-	-
Intellectual Deficiency – Evaluation Chart	9081	-	208 535	-	208 535	-	-	-
Support for the Hearing Impaired	9083	-	35 000	-	2 339	32 661	-	-
Rehabilitation Service	9084	-	90 000	-	15 234	74 766	-	-

NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES
ASSIGNED FUND – STATEMENT OF CHANGES IN FUND BALANCE (CONT'D)
YEAR ENDED MARCH 31, 2016

	Project Number	Fund Balance Beginning of Year $	Deferred Revenue Beginning of Year $	Revenue $	Deferred Revenue End of Year (Note 5b)) $	Expenses $	Interfund Transfers $	Fund Balance End of Year $
PLANNING AND PROGRAMMING (CONT'D)								
Federal funds								
Home and Community Care	618	-	-	2 304 463	-	2 304 463	-	-
Disabled Adult Care	694	-	7 939	-	7 939	-	-	-
Family Violence	695	-	87 542	-	-	95 700	-	(8 158)
Community Mental Health	697	-	-	870 719	-	874 062	-	(3 343)
Suicide Prevention Strategy	698	-	-	169 273	-	176 877	-	(7 604)
Other funds								
Community Network - Nunavik Youth	650	-	-	557 198	-	557 198	-	-
Best Practices for Elders' Residences	812	-	694	16 100	15 002	1 792	-	-
Liaison Agent Training Program	813	-	42 022	-	42 022	-	-	-
Ulluriaq Adolescent Centre	817	(953 361)	-	1 957 193	-	1 165 620	-	(161 788)
Suicide Prevention	963	-	135 324	-	134 673	651	-	-
Caregiver	8034	-	18 127	81 000	93 939	5 188	-	-
Needs Assessment of the Nunavik Deaf Adults	8035	-	-	-	-	-	-	-
Deaf Workshop	8037	-	-	1 929	-	29 716	-	(27 787)
National Training Program	9076	-	23 655	-	23 655	-	-	-
		(2 655 299)	3 422 201	8 255 550	2 603 709	7 693 568	-	(1 274 825)
		(3 421 785)	7 590 070	62 807 620	8 473 835	60 937 019	57 851	(2 377 098)

1. REPORTING ENTITY

Nunavik Regional Board of Health and Social Services is an organization created in pursuance of the James Bay Agreement. As of May 1, 1995, the rights and obligations of the Kativik CRSSS became the rights and obligations of the Nunavik Regional Board of Health and Social Services.

2. RESTATEMENT

During the year, the NRBHSS retrospectively changed the method of accounting for the deferred revenues of the Assigned Funds. Previously, the NRBHSS recorded all unspent revenues as fund balance of the Assigned Funds, whereas it should have recognized these funds as a deferred revenue. As at April 1, 2014, this change led to an increase in deferred revenue of $6,353,529 and an equivalent decrease in the fund balance of the Assigned Funds.

3. ACCOUNTS RECEIVABLE

	2016 $	2015 $
a) Operating Fund		
Health and Social Services – Strategic Regional Plan	**3 591 688**	3 073 415
Health and Social Services – Payroll Banks	**513 973**	513 973
Health and Social Services – Parental Leave and Insurance Leave	**87 996**	87 996
Health and Social Services – Various	**85 677**	87 230
GST/QST Rebates	**424 444**	279 156
Inuulitsivik Health Centre	**389 998**	1 096 645
Tulattavik Health Centre	**471 175**	3 101 434
Secrétariat Général de la Santé et des Services Sociaux	-	296 582
Employee Advances	-	3 978
Other	**477 274**	541 364
	6 042 225	9 081 773
Provision for Doubtful Accounts	**(118 211)**	(127 331)
	5 924 014	8 954 442
b) Assigned Fund		
Health and Social Services – INIHB (Note 9)	**95 835 915**	70 900 704
Health and Social Services – Strategic Regional Plan	**3 600 000**	740 000
Health and Social Services – Various	**107 910**	107 910
GST/QST Rebates	**18 169**	23 673
Inuulitsivik Health Centre	**165 332**	-
Tulattavik Health Centre	**921 375**	-
Aboriginal Affairs and Northern Development Canada	**28 406**	28 406
Health Canada	**10 553**	215 779
Kativik Regional Government	-	23 646
Other	-	120 100
	100 687 660	72 160 218

3. ACCOUNTS RECEIVABLE (CONT'D)

	2016 $	2015 $
c) Long-term Assets Fund		
Health and Social Services – Accounting Reform	**5 147 225**	8 133 169
GST/QST Rebates	**206 998**	290 622
Advance to Establishments	**5 600 883**	4 157 454
	10 955 106	12 581 245

4. CAPITAL ASSETS

The capital assets are composed of the following:

			2016	2015
	Cost $	Accumulated Amortization $	**Net Book Value** $	Net Book Value $
Buildings	18 661 149	6 100 553	**12 560 596**	12 845 535
Computers	3 590 202	3 439 836	**150 366**	424 947
Furniture and Equipment	926 016	724 436	**201 580**	317 293
Specialized Equipment	181 538	116 801	**64 737**	75 882
Vehicles	137 295	137 295	**-**	3 922
	23 496 200	10 518 921	**12 977 279**	13 667 579

5. DEFERRED REVENUE

The deferred revenue is composed of the following:	2016 $	2015 $
a) Operating Fund		
Health and Social Services – Strategic Regional Plan	**207 640**	171 040
b) Assigned Fund		
Various Assigned Funds (Pages 17 to 22)	**8 473 835**	7 590 070
	8 681 475	7 761 110

6. BANK LOANS – LONG-TERM ASSETS FUND

The bank loans are used to cover capital expenses, awaiting the reception of the funds from the Fonds de financement. They are composed of eight (8) revolving authorized credit margins with the Canadian Imperial Bank of Commerce, bearing interest at prime rate and maturing at different dates.

7. PREVIOUS YEARS' ANALYSES

The MSSS's final analyses of the 2003-2004, 2004-2005, 2005-2006, 2006-2007, 2007-2008, 2008-2009, 2009-2010, 2010-2011, 2011-2012, 2012-2013, 2013-2014 and 2014-2015 financial reports were not available at the time of issuance of the present financial statements. Any adjustments resulting from these analyses will be reflected in the 2016-2017 financial statements.

8. INTERFUND ACCOUNTS

The Regional Board operates one bank account for the Operating Fund and the Assigned Fund; certain transactions can also include the Long-term Assets Fund. At year-end, interfund transactions are accounted for and presented as "Due to" and "Due from" one fund to the other.

9. INSURED AND NON-INSURED HEALTH BENEFITS

As at the date of issuance of the present financial statements, the MSSS did not confirm the balance of the funds payable to the NRBHSS in relation to the INIHB. This balance is recorded as part of the accounts receivable as follows:

	$
2011-2012	9 009 161
2012-2013	20 097 886
2013-2014	19 487 750
2014-2015	22 305 907
2015-2016	24 935 211
	95 835 915

10. CONSTRUCTION IN PROGRESS

		2016 $	2015 $
Housing Units (54 units: 25 for UTHC, 23 for IHC and 6 for NRBHSS)	2008-2009	**21 193 637**	21 193 074
Housing Units (50 units: 23 for UTHC, 23 for IHC and 4 for NRBHSS)	2009-2010	**18 541 011**	18 521 416
Housing Units (70 units: 38 for UTHC, 28 for IHC and 4 for NRBHSS)	2011-2012	**19 312 338**	19 264 991
Direction of Youth Protection (Building) – Puvirnituq	2012-2013	**11 158 572**	10 934 985
Rehabilitation Center (Building) – Inukjuak	2014-2015	**22 494 460**	17 676 880
Housing Units - Phase 3 (50 units: 23 for UTHC, 23 for IHC and 4 for NRBHSS)	2015-2016	**20 729 509**	-
CLSC (Building) - Aupaluk	2015-2016	**198 341**	-
		113 627 868	87 591 346

These construction projects are temporarily financed by the Fonds de financement.

Upon closing of the construction projects, the capital cost and the long-term debt related to the construction projects will be recorded in the financial statements of the respective establishments.

11. COMMITMENTS

The NRBHSS has rental commitments amounting to $510,564. The future minimum contractual obligations for the next four (4) years are as follows:

	$
2016-2017	206 654
2017-2018	153 142
2018-2019	114 928
2019-2020	35 840
	510 564

12. CONTINGENCY

As at March 31, 2016, the NRBHSS is subject to a claim from a supplier, for an amount of $6,401,683 jointly with a second party. The NRBHSS is also subject to a claim from a supplier for a construction project, for an amount of $637,179. As of the date of issuance of the present financial statements, the outcome of these claims is uncertain. Any settlement resulting from the resolution of this contingency will be reflected in the financial statements of the financial year in which it will occur. No provision was recorded in the present financial statements.

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RÉGIE RÉGIONALE DE LA SANTÉ ET DES SERVICES SOCIAUX DU NUNAVIK
NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES

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2015 - 2016

ANNUAL REPORT
RAPPORT ANNUEL

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NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES

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ᑭᑕᕝ ᐸᓇᐊᑦ
ᒥᓂᔅᑕ ᖃᓄᐃᔅᕐᒥᓯᐊᔅᓂᓕᓇᓂᔅᒥ ᐃᓄᓕᓇᓂᔅᓂᓗ

ᑲᒪᒋᔭᑦᓴᔭᖃᕐᑯᖓ ᖃᓄᐃᓕᖓᓂᔅᓂᑦ ᑐᓴᐅᒪᔭᐅᒥᐊᓕᓐᓂᓗ ᑖᑦᑯᓇᓂ ᐃᓗᓕᕐᒥᓐᓂᑦ ᐊᕐᕋᒍᑕᒫᕐᓯᐅᑎᓂᑦ ᐊᓐᓚᓯᒪᔪᓂᑦ. ᑲᒪᒋᔭᑦᓴᔭᖃ ᓱᓕᑦᓯᐊᕋᓗᐊᕐᒪᖔᑕ. ᐃᓗᐃᑦᑑᓯᐊᕋᓗᐊᕐᒪᖔᑕ ᐊᒻᒪᓗ ᓄᐊᑕᐅᒪᔪᑦ ᓱᓕᑦᓯᐊᕋᓗᐊᕐᒪᖔᑕ. ᑐᓴᐅᒪᔭᐅᒥᐊᓖᑦ ᑐᑭᓯᓇᑎᓯᒍᑏᓗ ᑖᑦᑯᓇᓂ ᐃᓗᓕᕐᒥᓐᓃᑐᓂᑦ.

ᐊᕐᕋᒍᓕᒫᒥᑦ. ᑐᓴᐅᒪᒍᑎᑦᓴᓕᐊᐃᓃᑦ ᐊᒻᒪᓗ ᓱᓕᑦᓯᐊᕋᓗᐊᕐᒪᖔᑕ ᖃᐅᔨᒪᒍᑏᑦ ᑲᒪᒋᔭᐅᑦᓯᐊᓂᕐᒨᑦ ᐃᑲᔪᕐᓯᒪᓯᒍᑎᒥᑦᓯᒥᑦ ᑖᑦᑯᓂᖓ ᑐᓴᕐᑎᓯᒍᑎᓂᑦ. ᐅᓇᓗᑦᑕᐅᖅ. ᐃᕐᐱᒋᔭᖃᑦᓯᐊᓚᐅᕐᑐᖓ ᐱᓇᓱᑦᑕᐅᓯᐊᕐᑎᒪᓯᑦᓯᒥᑦ ᓈᒻᒪᓈᑦᓯᐊᑐᒥᕐ ᓱᓕᑦᓯᐊᕋᓗᐊᕐᒪᖔᑕ ᖃᐅᔨᒍᑎᐅᔪᑦ. ᐱᓗᐊᕐᑐᒥᕐ ᐊᕐᒥᖃᑎᒌᒍᑎᖓ ᖃᓄᐃᓗᕈᑎᑦᓴᓕᐅᕐᓂᒍᑦ ᐊᑐᐃᓐᓇᕈᕐᑎᓂᕐᒥᕐ.

ᖃᐅᔨᒪᔭᑎᒍᑦ. ᑐᓴᕐᑎᓯᒍᑏᑦ ᓄᐃᑕᐅᔪᑦ ᐊᕐᕋᒍᑕᒫᕐᓯᐅᑎᒥ ᐊᐅᓚᑦᓯᓂᕐᒨᓕᖓᔪᒥ (2015-2016) ᓄᓇᐃᕐ ᓄᓇᓕᓚᒫᑦ ᑲᑎᒪᔨᕐᒥᑦ ᐃᓗᓯᓕᓇᓂᕐᒥᕐ ᐱᒍᑦᔨᓂᕐᓄᑦ ᐃᓚᐅᕐᒥᑎᓐᓗᒥᑦ ᐊᐅᓚᑦᓯᓂᕐᒨᓕᖓᔪᑦ ᓱᓕᑦᓯᐊᑐᑦ ᐊᒻᒪᓗ ᑐᓴᐅᒪᔭᐅᒥᐊᓖᑦ ᓈᒻᒪᓈᕐᓯᑎᑦ ᖃᓄᐃᓕᖓᓂᐅᔪᒥᕐ ᒫᑦᔨ. 31, 2016-ᒥ.

ᒥᓂ ᑯᔨ
ᑲᒪᔨᒻᒪᓇᕐ

ᓄᓇᕗᒻᒥ ᐃᓗᓯᓕᓇᓂᕐᒧᑦ ᑲᑎᒪᔨᑦ
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ᓄᓇᕗᒃ – "ᓄᓇ ᐊᖑᒥᔪᖅ ᓄᓇᒥᔭᐅᔪᖅ"

ᓄᓇᕗᒃ ᐃᓄᑦᑕᖑᒥᓪᓗ

ᓄᓇᕗᑦ, ᐃᓄᑐᐃᓐᓂᑦ ᓄᓇᖕᒐ ᑯᐯᑦᒥᑐᖅ ᐊᖑᓂᓕᑦ 500,000 ᑭᐸᒥᑌᑦ ᓱᑦᑭᑌᑦ ᐅᖕᒐᑖᓅᑦᑐᒥᑦ, ᓄᓇᖕᒐ ᐊᑦᔨᒥᑦᑐᒥᑦᒪᓇᑦ ᐃᓚᖕᒐ ᓇᕐᑦᑐᓕᑦ, ᖃᑦᖃᓕᑦ, ᐃᓚᖕᒐᓗ ᓇᕐᑦᑐᖃᕋᓂ ᐊᒥᓱᐊᓗᓐᓂᓗ ᑕᓯᖃᑦᓂ ᑯᖃᑦᓂᓗ ᐊᑦᒪᓗ ᑕᕆᐅᖕᒐ ᐊᑐᖕᒐᒫᑦᓯᐊᓯᓂ.

ᓄᓇᕗᑦ ᐊᑦᔨᒥᑦᑐᒥᑐᓂᑦ ᑐᑭᖃᑦᑎᑕᐅᓲᖕᒍᑐᖅ. ᐃᓚᖕᒥᓐᓄᑦ ᓄᓇᕗᑦ ᑐᑭᓕᑦ "ᓄᓇ ᑐᓐᐱᒥᓯᒪᔭᑦᑦ. ᑖᒍᓯ ᖁᒪᐅᑦ ᐅᓕᑦᓂᓯᒍᑎᖕᒥᓐᓂ, ᓄᓇᕗᑦ ᑐᑭᓕᑦ "ᓄᓇ ᐊᖑᔪᖅ ᐆᒪᔪᓄᑦ ᐃᓂᒥᔭᖅᑦ.

ᐅᓐᓗᒥ, ᓄᓇᕗᑦ ᓄᓇᓯᒪᔪᓕᑦ ᐃᓄᓐᓂᑦ ᒥᑦᓴᐅᔾᔭᓯᒥᑦ 12,000-ᓂᑦ, 90%-ᖕᒥᑦ ᐃᓄᑐᐃᓐᓂᑦ. ᓄᓇᖃᓯᑎᑦ ᖁᓕᓐᓗ ᓯᑕᒪᓐᓗᓂᑦ ᓄᓇᓕᓐᓂᑦ ᓱᑦᔭᒥᑐᓂᑦ ᑯᓐᓗ ᑐᑭᐊᓃᑦᑐᓂᑦ:

ᑯᑦᔪᐊᕋᐱᑦ, ᐅᒥᐅᔭᖅ, ᐃᓄᓐᔪᐊᖅ, ᑐᐱᑦᓂᑐᖅ, ᐊᑯᓕᐱᑦ, ᐃᑐᔨᐱᑦ, ᓴᓐᓗᐃᑦ, ᑲᖕᒥᓯᔪᐊᖅ,

ᖁᐊᑦᑕᖅ, ᑲᖕᒥᓯᖅ, ᐊᐅᔪᓗᑦ, ᑕᓯᐅᔭᖅ, ᑯᑦᔪᐊᖅ ᐊᑦᒪᓗ ᑲᖕᒥᓯᐊᓗᑦᔪᐊᖅ.

ᓄᓇᓖᑦ ᐊᑐᓂᑦ ᐃᓐᓗᑕᓖᑦ ᐊᑦᒪᓗ ᐱᒍᑦᔭᐅᓲᖕᒍᑦᓯᑎᑦ ᑕᑦᕋᒥᐅᑦ ᐱᒍᑦᔭᐅᒍᑎᒥᓲᖕᒥᓐᓂᑦ

ᐅᑦᑐᕋᐅᑎᒥᑦᓯᒥᑦ;

ᐃᓐᓗᔪᐊᑦ ᐃᒪᖃᓲᑦ ᑯᐱᔪᓂᑦ, ᐅᓐᓗᑕᒫᑦ ᐃᒥᑦᑕᑕᐅᓲᖕᒍᑦᓯᑎᑦ ᐃᒥᑦᑕᐅᑎᒍᑦ ᓄᓇᖑᔪᒍᑦ

ᐃᒥᑦᑕᐱᐊᓗᑦᒥᑦ.

ᓄᓇᐱᓕᐊᑦᑐᒥᑦ ᐊᑦᖁᑎᐊᓗᖃᖕᒥᑐᖅ; ᖃᖕᒐᑦᑕᔫᓄᑦ ᑎᑭᑕᐅᑦᑕᓲᑦ ᐊᑦᒪᓗ ᐅᒥᐊᖕᔪᐊᓄᑦ

ᐅᓯᑲᑦᑕᑎᓄᑦ.

ᑯᑦᔪᐊᖅ ᑯᑦ ᑐᑭᐊᓃᑦᑑᒐᓗᐊᖅ, ᓄᓇᓕᐊᕈᐃᑦ ᐊᓯᖕᒥᑦ ᓄᓇᐱᐅᑦ ᓱᑦᔭᖕᒐᓃᑦᑐᑦ ᓱᑦᔭᖕᒐ

ᑕᑭᓂᖃᑦᑎᓗᒍ 2,500 ᑭᐸᒥᑕᓂᑦ, ᓄᓇᓖᑦ ᐃᓚᖕᒥᑦ ᑕᓯᐅᔭᖕᔪᐊᑦ ᓱᑦᔭᖕᒐᓃᑦᒥᔪᑦ,

ᐃᓚᖕᒥᓐᓗ ᓄᖕᑭᑦᑐᑦ ᐊᑦᒪᓗ ᐅᖕᒐᑦᑭᑦᑐᑦ, ᑯᑦᔪᐊᖅ ᓄᓇᑦᓯᑦᑐᖅ, ᑯᑦᔪᐊᑦ ᑯᖕᒐᑕ

ᑐᑭᐊᓃᑦᓯᓂ, ᓇᕐᑦᑐᓕᐅᑦ ᓇᕐᑦᑐᖃᖕᒥᑑᖕᓗ ᑭᓐᓕᓯᐊᖕᒐᓂ. 2,300-ᓂᑦ ᐃᓄᖃᑦᓯᓂ,

ᓄᓇᕗᑦᒥ ᓄᓇᓕᖕᒐᐅᓂᑦᔫᖅ, ᓄᓇᕗᑦᒥ ᐊᐅᓚᑦᓯᐱᖃᑦᐱᐅᓲᖅ.

ᐅᖕᒐᓯᒥᔭᐅᔪᒥᐅᖕᒍᒐᓗᐊᑦᓯᑎᑦ, ᐃᓄᐃᑦ ᑐᖕᖕᒐᓇᑦᑐᓯᐊᑦ, ᐳᓚᕋᐅᑎᒥᐊᒥᑦ ᐊᓕᐊᒥᔭᖃᓲᑦ,

ᐆᒪᔪᐃᑦ ᓂᒪᒍᓯᖕᒥᑦ ᒪᓕᑦᓯᒥ ᐆᒪᔪᑦᓯᐅᑎᑐᐃᓐᓇᐅᑦᑐᐱᓂᐅᑦᓯᑎᑦ. ᑭᓯᐊᓂᓕ, ᓄᓇᕗᑦᒥ ᓄᓇᖑᑦ ᐱᑐᑦᓯᒪᖕᒥᑲᓗᐊᑦᓯᑎᑦ ᐊᑦᖁᑎᑦᑯᑦ, ᐊᐅᓚᒥᐊᖃᓲᖕᒍᑐᑦ ᖃᖕᒐᑦᑕᔫᑯᑦ, ᐅᒥᐊᑦᑯᓗᓐᓂᑦ ᖃᒍᑎᑲᓐᓚᑯᓐᓗᓂᑦ ᓄᓇᓕᓐᓄᑦ

ᐊᑦᐱᑕᓯᑎᑦ, ᓱᓚᐅᑦ ᖃᓄᐃᑑᓂᖕᒐ ᒪᓕᑦᓯᒍ.

ᓄᓇᕗᒥᐅᑦ ᐃᓄᑐᐃᓐᓇᑦᓗᒐᒥᑦ, ᐃᓄᑦᑎᑑᑦᓗᓲᖕᒍᑐᑦ, ᖁᑦᕋᒍᑦᑕᐅᖅ, ᑲᑦᒪᑐᖃᑦᑯᑦ

ᐱᓇᓱᓐᐱᖁᑎᖃᑦᓂᖕᒥᓐᓄᑦ ᐊᐅᓚᑦᓯᓂᓕᓇᐱᓐᓂᑦ, ᖃᓐᓗᓈᑎᑑᑦᓂᖅ ᐊᑐᑦᑕᐅᔪᒪᓇᐅᒥᑐᖅ,

ᐱᓇᓱᓐᐱᒥ ᐱᓗᐊᑦᑐᖅ, ᒍᐃᒍᐃᑎᑑᖕᒥᓂᖕᖅᐅᓱᑎᑦ, ᒍᐃᒍᐃᑎᑑᑦᓂᖅ

ᐊᑐᑦᑕᐅᑦᓕᐊᑐᐃᓐᓇᑑᒐᓗᐊᖅ.

ᓄᓇᕗᒻᒥ ᐃᓗᓯᓕᕆᓂᕐᒥᒃ ᐃᓄᓕᕆᓂᕐᒥᓗ ᐱᒍᑦᔨᕕᑦ ᐱᑐᑦᓯᒪᖅᑎᒋᑦᑐᑦ

ᓄᓇᕗᒻᒥ ᐃᓗᓯᓕᕆᓂᕐᒥᒃ ᐃᓄᓕᕆᓂᕐᒥᓗ ᐱᒍᑦᔨᐱᒃ, ᐃᓅᓕᑦᓯᐱᒃ ᐋᓐᓂᐊᐱᒃ (ᑕᓯᐅᖅᓱᐊᒥ), ᐅᖓᑦ ᑐᓚᑦᑕᐱᒃ ᐋᓐᓂᐊᐱᒃ (ᐅᖓᑦᒥ). ᐃᓗᓯᓕᕆᓂᕐᒥᒃ ᐃᓄᓕᕆᓂᕐᒥᓗ ᐱᒍᑦᔨᓂᖅ ᐱᑦᓕᐊᑕᐅᓂᖅᓯᒪᔪᑦ ᓄᓇᕗᒻᒥ ᕿᒥᓯ V ᑯᐯᓗ ᑕᕐᖓᓂᑦ ᐊᕐᒋᖅᑲᕐᒍᑎᐅᓯᒪᔪᒍᑦ 1975-ᒥ ᐃᓚᒋᐊᕐᑕᐅᒍᑎᒋᓯᒪᔭᕐᒋᓐᓄᓗ ᐊᕐᒋᖅᑎᕐᒍᑎᐅᑦ. ᐃᓂᓪᓕᖓᐅᓯᖓ ᐃᓗᓯᓕᕆᓂᕐᒥ ᐱᒍᑦᔨᓃᑦ ᐊᐅᓚᑕᐅᓂᖅᑐᖅ ᑯᐯᒃ ᑲᑦᒪᖓᓄᑦ. ᑭᓯᐊᓂ ᓄᓇᕗᒻᒥᐅᓄᓕᖓᑎᑕᐅᔪᖅ.

ᐃᓄᒋᐊᓐᓂᖓᓗ ᖃᓄᐃᓐᓗᐊᓂᖓᓗ ᐱᔪᑎᐅᑎᓐᓗᒋᑦ ᐊᒻᒪᓗ ᐃᓅᓯᒃᑯᑦ ᐃᓕᖅᑯᓯᒃᑯᓗ

ᖃᓄᐃᓕᖓᓂᖓ, ᓄᓇᕗᒻ ᐱᓇᓱᐊᖅᑕᐅᒍᓐᓇᕈᒍᑎᓐᓗᒋᑦ ᖃᓄᐃᒍᓐᓂᔪᓐᓕᐊᒍᑎᑦᓴᑦ

ᐊᓐᓂᐊᑖᖅᑐᓕᒪᒍᑎᑦᓴᓗ, ᐱᓇᓱᐊᖅᑕᐅᓯᐊᓐᓇᕈᒍᑎᓐᓗᒋᑦ ᑲᔪᓯᑦᓯᐊᑐᒥᒃ ᖃᐅᔨᒪᔭᐅᑎᑦᓯᒍᑎᑦᓴᑦ,

ᐃᑯᓐᓚᑎᑦᓯᒍᑎᑦᓴᑦ ᐅᖓᒪᑦᓯᒍᑎᑦᓴᓗ, ᐃᓗᓯᓕᕆᐱᑎᒍᑦ, ᐃᓄᓕᕆᐱᑎᒍᓐᓗ.

ᓄᓇᕗᒻᒥ ᓄᓇᓕᓕᒫᓂᑦ ᐃᓗᓯᓕᕆᓂᕐᒥᒃ ᐃᓄᓕᕆᓂᕐᒥᓗ ᐱᒍᑦᔨᕕᒃ

ᑯᐯᒻᒥ ᐃᓗᓯᓕᕆᓂᕐᒥᒃ ᐃᓄᓕᕆᓂᕐᒥᓗ ᑐᖅᑲᑦᑕᐱᒃ, ᐃᓗᓯᓕᕆᐱᓐᓂ ᐊᐱᑦᑐᓯᒪᑎᑕᐅᓂᖅᒋᑎᒍᑦ ᓄᓇᕗᒻᒥᑐᖅ ᐃᓗᓯᓕᕆᐱᒃ 17-ᖅᒍᒍᑕᐅᔭᖅ. ᓄᓇᕗᒻᒥ

ᐃᓗᓯᓕᕆᓂᕐᒥᒃ ᐃᓄᓕᕆᓂᕐᒥᓗ ᐱᒍᑦᔨᐱᒃ ᐊᐅᓚᑦᓯᓱᑦ $189,000-ᒥᓕᐊᖅ ᓴᓂᐊᓃᑦᑐᓂᒃ,

ᐃᓗᓯᓕᕆᓂᕐᒥᒃ ᐱᒍᑦᔨᒍᑎᑦᓴᓂᒃ ᖁᓕᒃᓗ ᓯᑕᒪᒃᓗᓂᒃ ᓄᓇᓕᖅᓂᒃ.

ᓄᓇᕗᒻᒥ ᐃᓗᓯᓕᕆᓂᕐᒥᒃ ᐃᓄᓕᕆᓂᕐᒥᓗ ᐱᒍᑦᔨᐱᒃ ᑲᑎᒪᔨᓕᒃ ᐊᑦᑎᓂᑦ:

- ᖁᓕᒃᓗ ᓯᑕᒪᒃᓗᓂᑦ ᓄᓇᕗᒻᒥ ᓄᓇᓕᖅᓂᑦ ᐊᑐᓂᐅᓇᕐᑎᑐᓂᒃ ᑭᒻᒪᑐᒃᑐᓂᒃ;
- ᑲᒪᔨᒃᒪᓇᖅᓗ ᐋᓐᓂᐊᓇᖅᓂ ᑕᒥᖅᓂ (ᑐᓚᑦᑕᐱᒻᒥ ᐃᓅᓕᑦᓯᐱᒃᒥᓗ, ᒪᒃᔨᓗ ᐃᓚᐅᔫᒃ);
- ᑎᒃᑯᐊᑕᐅᓯᒪᔪᒥᒃ ᑲᑎᒪᔨᖅᒋᖅᓄᑦ ᐋᓐᓂᐊᓇᖅᒃ ᓄᓇᓖᑦ ᑭᒻᒪᑐᒃᑎᖅᒋᑦᑕ ᓇᖅᓕᖅᒋᑦ (ᒪᒃᔨᒋᐊᓖᒃ);
- ᑭᒻᒪᑐᒃᑎ ᓇᖅᓕᑲᒃᑕᐅᓯᒪᔪᖅ ᑲᑎᐱᒃ ᓄᓇᓕᓕᒫᑦ ᑲᑦᒪᖅᒪᑕ ᑲᑎᒪᔨᖅᒋᖅᓄᑦ;
- ᒃᓄᓇᕗᒻᒥ ᓄᓇᓕᓕᒫᓂᑦ ᐃᓗᓯᓕᕆᓂᕐᒥᒃ ᐃᓄᓕᕆᓂᕐᒥᓗ ᐱᒍᑦᔨᐱᐅᒃ ᑲᑎᒪᔨᖅᒋᑦᑕ ᑲᒪᔨᒃᒪᓇᖅᒪ.

ᑐᖅᓇᑐᒥᒃ ᐊᐅᓚᑦᓯᔨᐅᒃᓯᑎᑦᓗ, ᑲᑎᒪᔨᑦ ᑲᒪᒋᔭᖅᑲᓇᐊᖅᑲᓱᖅᒍᒃᒥᔪᑦ ᓇᓗᓂᒃᓯᒋᐊᖅᑲᒃᓂᒥᒃ ᓯᑐᖅᓕᐅᔭᐅᒋᐊᓕᖅᓂᒃ ᑭᖅᖑᒪᓇᖅᑐᓂᒃ ᓄᓇᕗᒻᒥᐅᓄᑦ ᐃᓗᓯᓕᕆᓂᖅ ᐱᖅᓗᒍ,

ᓯᑐᖅᓕᐅᔭᐅᒋᐊᓕᖅᓂᒃ ᑭᖅᖑᒪᓇᖅᑐᓂᒃ ᓄᓇᕗᒻᒥᐅᓄᑦ ᐃᓗᓯᓕᕆᓂᖅ ᐱᖅᓗᒍ.

ᓯᑐᖅᓕᐅᔭᐅᒋᐊᓕᖅᓂᓗ ᓇᓗᓂᒃᓯᒋᐊᖅᑲᒃᓂᒥᒃ ᐊᕐᕌᒍᑕᒫᓯᐅᑎᒥᓂᒃ ᑲᑎᒪᓂᖅᑲᖅᑎᓗᒋᑦ ᓄᓇᕗᒻᒥ

ᓄᓇᓕᓕᒫᓂᑦ ᐃᓗᓯᓕᕆᓂᕐᒥᒃ ᐃᓄᓕᕆᓂᕐᒥᓗ ᐱᒍᑦᔨᐱᐅᒃ ᑲᑎᒪᔨᖅᒋᑦ.

ᐱᖁᔭᑎᒍᑦ ᓄᓇᓕᓕᒫᑦ ᑲᑎᒪᔨᖅᒋᑦ ᐋᓐᓂᐊᓇᖅᑐᓗ ᑲᑎᒪᔨᖅᒋᑦ ᐃᓄᑐᐃᓐᓇᕐᓗᒋᐊᖅᑲᒃᓴᑦ. ■

ᑐᓴᕋᑦᓴᖅᑭᑦ ᑲᑎᒪᔨᑦ ᐊᖅᒐᔪᕐᕐᑳᖅᒐᑕ ᑲᒪᔨᒻᒪᕆᐅᓪᓗ

ᐱᑦᔪᑎᕗᑦ

ᓄᓇᕕᒻᒥᐅᑦ
ᖃᓄᐃᔅᔅᑭᓯᐊᕆᐊᖃᓂᔅᒐ

ᑎᓕᔭᐅᒪᐅᑎᕗᑦ

ᐸᕐᓗᓗᑕ, ᐃᓂᔅᓗᓗᑕ, ᐊᑐᓕᕐᑎᓯᓗᑕ
ᖃᐅᔨᓴᖃᑦᑕᓗᑕᓗ ᐱᒍᑦᔨᐅᑎᑦᓴᑎᓐᓂᒃ
ᓄᓇᕕᒻᒥᐅᓂᒃ

ᑐᕌᒐᕗᑦ

ᓄᓇᕕᒻᒥᐅᑦ
ᖃᓄᐃᔅᔅᑭᓯᐊᕆᓂᓴᐅᑎᒥᐊᕐᓗᒋᑦ

ᐱᒻᒪᕆᕐᑯᑎᕗᑦ

ᐃᒻᒥᓂᕐᑭᒍᓐᓇᓂᖅ, ᓱᓯᑦᓴᓂᖅ, ᐃᓚᐅᖃᑦᑕᓂᖅ,
ᐅᐱᒋᔭᖃᕐᓂᓗ ᐱᓇᓱᑦᑎᑎᓐᓂᒃ
ᐱᓇᓱᖃᑎᖃᕐᓂᓗ ᐱᓇᓱᖃᑎᒋᒥᐊᓕᑦᑎᓂᒃ

ᒪᓂᔨᕗᒍᑦ:

ᓯᕗᓂᑦᓴᓇᒍᒪᔭᑦᑎᓂᒃ

ᖃᓄᐃᔅᔅᑭᓯᐊᕐᓯᑎᒃ ᐃᓅᔪᓂᒃ ᓄᓇᓕᒻᒥᐅᒍᓯᑎᒃ ᖃᓄᐃᔅᔅᑭᓯᐊᕐᕕᐅᒍᓐᓇᑐᓂ
ᐊᑕᐅᓯᐅᓚᑭᔅᒪᔪᒥᒃ ᐃᓗᓯᓕᓇᓂᕐᒥᒃ ᐃᓅᓕᓇᓂᕐᒥᓗ ᐱᒍᑦᔭᐅᕕᓕᓐᓂ ᑲᒪᔨᐅᒥᐊᔅᔅᒪᓇᐊᖃᓱᓄᑦ
ᐱᒍᑦᔭᐅᖃᑦᑕᑎᓐᓗᒋᑦ ᓄᓇᕕᒻᒥᐅᑦ ᐃᓄᓐᓄᑦ ᐃᓕᑦᑯᓯᕐᒥᒍᑦ ᐱᒻᒪᕆᑯᑎᒋᔭᒥᑎᒍᑦ

ᑐᓴᕋᑦᓴᖅᑭᑦ ᑲᑎᒪᔨᑦ ᐊᖅᒐᔪᕐᕐᑳᖅᒐᑕ ᑲᒪᔨᒻᒪᕆᐅᓪᓗ

ᐊᕐᕋᒍᕐᒥ 2015-ᒥ ᐅᐸᓗᒪᓇᕐᑑᖃᑦᑕᓚᐅᔪᕐᖅ, ᐱᔭᑦᓴᑎᓐᓂᒃ ᐱᔭᓈᑦᓯᐊᖃᑦᑕᓯᑕ ᐱᔭᓇᐊᑐᔫᖃᑦᑕᕋᓗᐊᕐᒥᓯᑕ.

ᑲᑎᒪᔨᑦᓴᑖᓚᐅᔪᕐᒍᑦ ᓄᕕᒻᐱᓇᒥ ᐊᒥᓱᐃᓐᓗ ᑲᑎᒪᔨᑐᖃᐅᓯᒪᔪᑦ ᑲᑎᒪᔨᐅᒍᓐᓄᓯᑎᒃ ᓄᑖᓄᑦ
ᐃᓇᕐᒋᑦᑕᐅᓯᑎᒃ.

ᓇᑯᕐᒥᑕᕐᑦ ᑲᑎᒪᔨᐅᖃᑦᑕᓯᒪᔪᑦ ᑐᓂᒪᑦᓯᐊᖃᑦᑕᓯᒪᒻᒪᑕ ᑲᑎᒪᔨᐅᖃᑕᐅᓂᕐᒥᓂ, ᑐᓄ ᓇᑦᑐᖅ ᑰᔪᐊᒥᐅᓂᒃ
ᑭᒻᒪᑐᕐᓯᓂ, ᒨᓱᓯ ᒪᓂᖅ ᑕᓯᐅᔭᕐᒥᐅᓂᒃ ᑭᒻᒪᑐᕐᓯᓂ, ᒥᐊᔨ ᐊᖑᑎᕐᕐᖑᐊᒍᓯᒪᔪᖅ ᐊᐅᐸᓗᒻᒥᐅᓂᒃ
ᑭᒻᒪᑐᕐᓯᓂ, ᓴᓕ ᐅᒃᐱᒃ ᖁᐊᕐᑕᒥᐅᓂᒃ ᑭᒻᒪᑐᕐᓯᓂ, ᐋᑦ ᐅᐃᑖᓗᑦᑐᖅ ᐃᓄᒃᔪᐊᒥᐅᓂᒃ ᑭᒻᒪᑐᕐᓯᓂ, ᒍᐃᓕ
ᖁᒫᓗᒃ ᐅᒥᐅᔭᕐᒥᐅᓂᒃ ᑭᒻᒪᑐᕐᓯᓂ, ᓛᑎᐊ ᐅᑦᑐᕐᓴᐃᒃ ᑰᑦᔪᐊᕐᓴᐱᒻᒥᐅᓂᒃ ᑭᒻᒪᑐᕐᓯᓂ.

ᑐᑭᑖᕐᑎᐅᓂᕐᒍᑦ ᑲᑎᒪᔨᑦᓴᓂᒃ ᓂᕈᐊᓚᐅᔪᒻᒥᔪᑦ ᑲᑎᒪᔨᑐᑦ ᑎᒃᑯᐊᓯᑦᓯᑎᓐᓗ ᑲᑎᒪᔨᐅᖃᑎᒥᓂᒃ ᐱᓯᒪᔪᓂᒃ
ᑕᒻᒪᓯᒪᔪᕐᓯᐅᑕᐅᓯᒪᔪᓂᒃ ᕿᒥᕐᕈᔨᑦᓴᓂᒃ, ᐊᐅᓚᑦᓯᒍᓯᐅᒥᐊᓕᒻᒍᑦ ᐱᐅᓯᓱᑎᐅᒥᐊᓕᓐᓄᓗ ᐃᑦᐱᒍᓯᑦᑎᓴᓂᒃ.
ᐊᒻᒪᓗ ᐃᑦᐱᒍᓯᑦᑎᓴᓂᒃ ᐊᒻᒪᓗ ᐱᒍᑦᔨᐅᑏᑦ ᐱᒍᑦᔨᐅᑎᐅᑦᓯᐊᕆᐊᖃᓂᕐᒥᓐᓄᑦ ᑲᑎᒪᔨᑦᓴᓂᒃ.

ᐱᖁᔭᐱᒃ #13 ᐱᐅᓯᓱᑎᐅᒥᐊᓕᓐᓄᑦ ᒪᓕᒐᖅ ᐊᕐᕈᕈᑕᐅᓐᓂᒥᔪᖅ.

ᐱᓇᓱᖃᑎᖅᑲᓪᓕᐊᓕᐅᒥᓕᒪᔪᒍᑦ ᐋᓐᓂᐊᕐᐃᓐᓂᒃ ᑮᓇᐅᔭᑦ ᐊᐅᓚᑕᐅᓂᕆᐊᓕᖅᑭᑦ ᐱᓐᓗᒥᑦ ᐊᒻᒪᓗ ᑲᔪᓯᑎᑕᐅᓂᕆᐊᓕᖅᑭᑦ ᖃᓄᖅᑑᕆᐊᕈᑎᑦᓴᑦ ᐱᓐᓗᒥᑦ ᓇᓗᓐᖅᑕᐅᓯᒪᔪᑦ ᐊᖅᓴᒍᓄᑦ ᐊᒥᓱᓄᑦ ᐸᖅᓐᕈᑎᓂ ᓄᓇᐃᒻᒥᐅᑦ ᐱᒍᑦᓴᐅᓂᖅᑭᓐᓂᒃ ᐱᐅᓱᑎᑦᓯᒋᐊᕈᑎᑦᓴᐅᓯᑎᒃ.

ᑐᓴᖅᑎᓯᒍᑎᓂ ᑖᒃᑯᓇᓂ ᑕᑯᑦᓴᐅᒪᑦ, ᐊᓪᓚᐃᖅᑯᑎᑦᑎᓂ ᐱᓇᓱᑦᑏᑦ ᐱᒪᓱᐊᓪᒪᓇᑦᑐᒪᓇᐅᑦᑦᒪᑕ. ᐸᖅᓂᖅᓄᑦ ᐱᖅᑦᓴᓕᓇᓂᖅᓄᓗ ᐊᓪᓚᐃᓪᒥ. ᐋᓐᓂᐊᓱᐅᖅᑎᓂᒃ ᐱᓇᓱᑦᑎᖅᑲᓱᐊᒪᖅᒪᑦᑕ ᐃᑦᐱᒍᓱᑦᑎᐅᓲᑦ. ᐃᖅᖃᒪᖅᑖᐃᑦ ᓄᑕᐅᓱᓕᖅᑕᐅᓱᐊᖅᒪᖅᒫᑕ. ᑲᒍᑎᓕᓇᓂᖅᒍᑦ ᐱᓇᓱᑦᑕᐅᓱᑦᓴᑦ ᐱᓇᓱᐊᖅᑕᐅᒪᖅᒫᑕ ᐊᒻᒪᓗ ᐱᓇᓱᐊᖅᑕᐅᒥᐊᓕᑦ ᐱᓇᓱᐊᖅᑕᐅᒪᖅᒫᑕ ᑮᓇᐅᔭᖅᑲᑎᓱᑎᓪᓗᒥᑦ ᑲᓇᑕᒥ ᐱᓇᓱᖃᑎᑮᒍᑎᓐᑦ ᑲᓪᒍᑎᑖᖅᑐᓚᒪᒍᑎᑦᓴᓂᒃ. ᐃᓗᓱᓕᓇᓂᖅᒥᒃ ᐱᒍᑦᓯᐅᑎᓂᒃ ᐱᓇᓱᐊᖅᑐᑦ ᐃᒣᓕᖅᒪᔪᑦᓴᐅᖅᑯᖅᒪᑖᓚᒍᑎᓕᐊᓇᓱᒪᔭᖅᑭᑦ ᑎᒥᖅᑯᑦ ᖃᓄᐃᖅᖅᑭᓱᐊᓇᐊᖅᑲᓂᖅ ᐱᓪᓗᒍ ᑲᑎᒪᓯᓄᑦ ᐊᖅᑭᓯᑕᐅᓱᒪᔪᑦ.

ᐃᓱᒪᒃᑯᑦ ᖃᓄᐃᖅᖅᑭᓱᐊᓇᐊᖅᑲᓂᖅ ᐱᓪᓗᒍ, ᐱᒍᑦᓯᓱᐊᕋᓱᐊᕋᓗᐊᖅᑐᒍᑦ ᐱᒍᓐᓇᐃᓕᒫᑦᑎᒍᑦ ᐱᒍᑦᓯᐃᑦᓴᖅᑦᓱᐊᖅᑭᒃᑲᓗᐊᖅᓱᑕ ᐱᓇᓱᖃᑎᖅᑲᓱᑕ ᑕᒃᓚᑦ ᐋᓐᓂᐊᐃᓪᒥᒃ. ᑕᒪᓐᓇ ᐱᒻᒪᓇᐅᒃᒪᑦ ᓱᑦᓕᐅᓯᒪᑦᓴᓕᐊᓇᓱᒪᒪᓗᐊᖅᑕᑦᑐᑦ ᓱᑭᐊᒍᒪᓗᐊᖅ ᑕᒪᑕᒪ ᐃᒻᒥᓂᐊᖅᓂᐅᑦᑐᓂᒃ ᑲᒪᑦᓪᓗᑐᐃᓐᓇᖅᑦᑕᕋᑦᑕ. ᓱᑦᓕᑦᓱᓱᐊᒥᒃ ᐊᖅᕋᒍᑕᒫᓱᐅᑎᒥᒃ ᐃᒻᒥᓂᐊᖅᑐᓕᒪᒍᑎᑦᓴᓕᓇᓂᖅᒥᒃ ᐊᖅᖅᒥᐊᖅᒥᓯᖅᓂᐅᓱᓂᓗ ᑲᑎᒪᓂᖅᔪᐊᖅᑲᖅᑎᓱᓕᐅᔪᖅᑐᒍᑦ ᐅᒃᑑᐱᓇᒥ ᐳᐃᖅᓂᑐᒥ. ᑖᓐᓇ ᑲᑎᒪᓂᖅᔪᐊᖅ ᓄᐃᓚᕿᓕᐅᔪᓯᖅᑐᑦ ᐊᖅᕋᒍᑕᒫᑦ ᐋᐃᓄᓱᖅᒥᒃ ᐅᖅᑲᑎᑮᒍᑎᖅᑲᖅᑲᑕᓇᐊᖅᑲᖅᓂᒍᖅᑰ ᑲᑎᒪᓂᖅᔪᐊᒍᓱᒥᒃ ᐅᓱᓕᖅᓯᒪᑦᓱᑕ ᐃᓄᖅᓱᓕᖅᑕᑎᑦᓱᐊᓱᒍ ᐃᑲᔪᓱᒪᑦᓱᒋᑦ ᓄᓇᐃᒻᒥᐅᑦ ᐃᑯᖅᓚᑎᑦᓱᒪᓱᐊᕈᑎᑦᓴᓂᒃ ᐱᓇᓱᐊᓇᖅᓚᕿᒪᒍᑦ. ᐃᓚᒋᓂᒃ ᐃᑲᔪᖅᓱᒍᒪᒍᑦ. ᓄᓇᖅᑲᑎᒋᓂᖅᓗ ᐃᒻᒥᓂᐊᖅᑐᓂᒃ ᐃᓚᖅᖅᒪᓱᒪᔪᓂᒃ.

ᐊᒥᓱᓂᒃ ASIST-ᑎᒍ ᐱᒋᐅᖅᓴᑎᑦᓱᓂᖅᑲᖅᑲᑦᑐᖅ ᑕᑦᑕᓂ ᐊᖅᕋᒍᖅᒥ ᓄᓇᓕᒃᓂ ᐊᑦᕈᒋᖅᖅᒋᑐᓂ ᐃᓕᓴᖅᐃᓂᒃᓗ. ᓄᓇᓕᒥᓂ ᑕᒪᑐᒥᖅᒪ ᐱᒋᐅᖅᓴᓂᖅᑎᓱᖅᔪᔪᑦ ᐊᒃᓚᐃᑦᑎᓄᑦ ᖃᐅᔨᒋᐊᕈᒃᓇᑐᑦ.

ᐃᓄᒻᒪᓇᒃᑲᓕᖅᒪᔪᑦ ᐃᒻᒥᓂᕿᖅᖃᓴᖅᓱᒪᔪᑲᓕᖅᒪᔪᐃᒃᓗ ᐱᓇᓱᒍᑎᑦᓴᑦ ᐱᓇᓱᒍᑎᑦᓴᓱᐊᒍᓂᖅᓴᐅᖅᑯᑦᓱᒋᑦ ᐱᓇᓱᐊᖅᑕᐅᔪᑦ ᓱᓕ. ᐅᐃᓇᓱᒪᐅᑎᓕᒃᓄᑦ ᐅᖃᐃᓴᐅᓱᑦ ᐱᒋᐅᖅᓴᑎᑕᐅᕿᖅᓱᒪᔪᑦ ᓄᓇᓕᓕᒫᓂ. ᐃᑲᔪᖅᓱᒪᔭᐅᒋᐊᖅᑲᖅᒥᔪᑦ ᓄᓇᓕᒃᓂ ᐱᒍᑦᓯᐃᑦ ᓄᑖᑦ ᐱᓇᓱᐊᖅᑕᐅᔪᑦ ᓄᐃᑕᐅᖅᑲᑦᑕᒪᑕ ᐅᑦᑐᓴᐅᑎᒋᑦᓱᒋᑦ ᐃᓕᕿᓄᑦ ᐃᑲᔪᖅᑕᐅᐃᖅᓴᑦ ᐊᓱᖅᒥᒃᓗ.

ᐅᐱᒍᓱᑦᓱᑕ ᖃᐅᔨᒪᔭᐅᖅᑯᓯᔨᖅᑐᒍᑦ ᐱᓇᓱᐊᖅᑐᒪᓇᐅᖅᑲᑦᑕᓴᑦᑕ ᐱᒍᑦᓯᐅᑎᓂᒃ ᓄᓇᓕᓕᒫᓄᓕᖅᒪᑎᑦᓱᒪᓱᐊᖅᓱᑕ ᐱᓇᓱᐊᖅᒪᓇᖅᑲᑦᑕᓱᑕᓗ ᐱᖅᒪᓇᐅᖅᑲᑕᐅᔪᒥᒃ ᑐᑭᒍᐊᖅᑎᓱᔨᖅᓴᒍᓕᖅᒪᔪᒥᒃ ᐅᐃᒪᖅᑐᐃᑦ ᓴᖅᒥᔨᖅᑭᖅᓂᒃ. ᐱᓇᓱᒪᖅᓴᖅᓂᒃ ᒪᖅᑭᓂᒃ ᐅᐃᒪᖅᑐᐃᑦ ᓴᖅᒥᔨᖅᑭᑦᑕ ᑐᑭᒍᐊᖅᑎᓱᔨᖅᑭᑦᑕ ᐃᓂᓱᖅᓂᒃ ᐱᓇᓱᒪᖅᓴᐅᒍᖅᓄᑎᓱᒪᓱᐊᖅᓴᑕ. ᑕᓱᐅᔭᔪᐊᒥ ᐅᖅᒪᑕᒥᖅᓗ ᐊᑕᐅᓱᖅᒥᒃ ᓄᓇᐃᒻᒥ ᑐᑭᒍᐊᖅᑎᓱᔨᖅᓴᐅᑦ ᐃᓂᖅᓴᖅᒪᓂᒃ ᓄᐃᑦᓱᖅᒪᓴᓱᐊᖅᓱᑕ ᐃᓄᒻᒍᑦ ᐱᓇᓱᒪᓇᖅᑐᓚᖅᒪᑎᖅᓗᒍ. ᐱᒍᑦᓯᐅᑎᖅᑦ ᑐᑭᓱᒪᔭᐅᑎᑦᓱᐊᓇᐊᖅᑲᖅᑎᑦᑎᒋᑦ ᐱᒍᑦᔭᑎᖅᓄᑦ ᐃᓕᓴᒍᑎᐅᑦᓱᐊᓇᐊᖅᑲᖅᓱᓂᓗ ᐅᐃᒪᖅᑐᐃᑦ ᓴᖅᒥᔨᖅᑭᑦᑕ ᐱᖅᑯᔭᖅᒪ ᐃᓄᐃᖅᓗ ᐃᓕᖅᖅᑯᓱᖅᒪᓕᖅᒪᑎᑕᐅᒥᐊᖅᑲᖅᓱᓂ ᓄᓇᐃᒻᒥᐅᑦ ᐊᑑᑎᔭᖅᒪᓕᖅᒪᑎᑕᐅᓗᓂ ᐃᓕᓱᑦᑎᓕᖅᒪᑎᑕᐅᓗᓂᓗ.

ᐊᒥᓱᓂᒃ ᐱᒪᓱᐊᒻᒪᓇᐅᑎᖅᑲᓇᐊᖅᑲᖅᑐᒍᑦ ᐊᑦᕈᒋᒥᒃ ᐱᒻᒪᓇᐅᓂᖅᑲᖅᑐᓂᒃ ᑭᓱᐊᓂ ᓇᐅᓕᒫᓂᒃ ᐃᓗᓱᓕᓇᓂᖅᒍᑦ ᐊᓪᓚᐃᑦᑎᓂ ᐱᓇᓱᑦᑎᖅᑦ ᐅᑦᓗᒪᒍᑎᖅᑲᖅᑐᑦ ᐅᑐᑑᑕᐅᓱᓂᒃ ᐋᓐᓂᐊᓂᒃ ᓄᓇᐃᒻᒥ. ᓄᓕᐊᖅᓂᐅᑦ ᐊᐅᖅᑯᓗ ᐅᑦᑐᑑᑕᐅᓱᓂᒃ ᐋᓐᓂᐊᓕᑦ ᐊᒥᓱᒻᒪᓇᐅᒻᒪᑕ. ᓇᐅᓕᒫᓂᒃ ᐃᓗᓱᓕᓇᓂᖅᒍᑦ ᐊᓪᓚᐃᑦᑎᓂ ᐱᓇᓱᑦᑎᖅᑦ ᐋᓐᓂᐊᐃᒃ ᒪᖅᑭᒃ ᐱᓇᓱᑦᑎᖅᑭᖅᓂᒃ ᐃᑦᐱᒍᓱᑦᓱᐊᖅᑯᓱᖅᑲᑦᑕᖅᑯᑦ ᑲᒪᓕᑐᐊᖅᑦᑕ ᑲᒪᒋᔭᐅᒋᐊᓕᖅᓂᒃ ᓇᐅᓕᒫᓂᖅᓗ ᑐᓴᐅᒪᑎᑕᐅᑦᓱᐊᖅᑯᓱᖅᓱᑎᒃ ᐃᑯᖅᓚᑎᑦᓱᒪᓱᐊᕈᑎᑦᓴᓄᓕᖅᒪᔪᓂᒃ ᐅᑦᑮᓇᑦᓱᐊᓇᐊᖅᑲᖅᓂᒥᖅᓗ ᖃᐅᔨᒪᔭᐅᑎᑦᓱᓗᑎᒃ.

ᐳᑦᖅᓗᓇᖅᑐᖅ ᐱᓇᓱᐊᖅᑕᐅᖅᑲᑦᑕᑐᖅ ᓱᓕ ᓇᐅᓕᒫᓂᒃ ᐃᓗᓱᓕᓇᓂᖅᒍᑦ ᐊᓪᓚᐃᑦᑎᓂ ᐱᓇᓱᑦᑎᓄᑦ ᐋᓐᓂᐊᐃᖅᓗ ᒪᖅᑭᒃ ᐱᓇᓱᑦᑎᖅᑭᖅᓂᒃ. ᐊᑐᐊᕋᑦᓴᐅᑐᑦ ᓇᐅᓕᒫᓂᒃ ᐃᓗᓱᓕᓇᓂᖅᒍᑦ ᐊᓪᓚᐃᑦᑕ ᐱᓇᓱᑦᑎᖅᑭᖅᓄᑦ ᐱᓇᓱᐊᖅᑕᐅᓱᒪᔪᑦ ᓄᓇᓕᖅᓂ ᐳᑦᖅᓗᓇᖅᑐᑕᓕᖅᓂ. ᑕᒪᓐᓇ ᐅᐃᒪᓇᖅᓱᓱᒪᔪᖅ ᑯᐯᖅᒥᓗ ᖃᓄᐃᖅᖅᑭᓱᐊᖅᓂᓕᕆᔨᑦ ᐊᖅᒪᔪᖅᑲᐅᑎᖅᑭᖅᓄᑦ ᐃᑲᔪᖅᑕᐅᒍᑎᒥᒍᒪᓱᒪᑦᓱᒍ ᐱᒍᑦᓯᐅᓱᐅᒪᑦᓱᑕ ᖃᓄᐃᒍᑕᐅᓂᖅᒪᓂᒃ.

ᐃᑦᓱᒍᖅᓂᓗᑦᑕᐅᑐᓕᒍᑎᑦᓴᑦ ᑲᔪᓱᔪᒥᒃ ᐱᓇᓱᐊᖅᑕᐅᔪᑦ ᓄᓇᓕᓂᖅᓗ ᐱᓇᓱᐊᖅᑕᐅᓱᐊᖅᑲᑦᑕᓱᓂ ᐃᓕᓴᒍᑎᑦᓱᐊᒍᓪᒪᑦ ᐊᖅᒪᔪᖅᑲᓇᔭᐅᔪᓂᒃ ᕿᑐᖅᖅᒪᖅᑭᖅᓂᓗ ᐃᑦᓱᒍᖅᓂᓗᑦᑕᐅᓱᒪᓂᖅᓄᓕᖅᒪᔪᓂᒃ.

ᓂᕿᖅᑲᑦᓱᐊᓇᐊᖅᑲᖅᓂᒥᒃ ᑐᑭᑖᖅᑎᐅᓂᒍᑦ ᑲᑎᒪᔨᑦ ᓄᐃᑕᐅᓱᒪᔭᑦ ᐊᓪᓚᖅᒍᑎᓱᒥᐊᖅᖅᒪᑐᑦᓴᐅᓱᑎᒃ ᐊᖅᑭᖅᑐᓴᐅᑦᓱᑎᓪᓗ ᓄᓇᓕᓕᒫᓂ ᓂᕿᖅᑲᑦᓱᐊᓇᐊᖅᑲᖅᓂᒍᑦ ᒪᓕᒐᖅᒥᒃ.

ᑕᒪᓐᑯᐊᑕᒐ ᐱᓇᓱᐊᖅᑕᑕ ᐃᓗᖅᓇᑐᐃᖅᓇᖅᑭᑦ ᓄᓇᐃᒻᒥᐅᑦ ᒪᑭᑕᑦᓱᐊᕈᑎᑦᓴᖅᑭᖅᓂᒃ ᐱᐅᓱᑎᑦᓯᒋᐊᕈᑎᑦᓴᐅᑎᖅᓗᒥᑦ. ᐊᓱᖅᑭᖅᓂ ᐊᖅᓚᐃᖅᑯᑎᑦᑎᓂ ᐅᑦᑐᓴᐅᑎᒋᑦᓱᒍ ᐃᓄᐃᑦ ᐱᒻᒪᓇᖅᑯᑎᖅᑭᖅᓂᒃ

ᐱᓇᓱᐊᔫᖅᑭᓐᓂᓗ ᐊᓪᓚᐃᒻᒥ ᐱᓇᓱᑦᑏᑦ ᐱᒪᓱᐊᒻᒪᕆᖅᑲᑦᑕᒥᔪᑦ ᓄᓇᓕᓐᓂᒃ ᐃᑲᔪᖅᓯᒪᑦᓱᑎᒃ ᓂᕆᐅᓐᓇᖅᑭᑦᑐᓂᒃ ᐅᐃᒪᓇᖅᓱᔾᔪᐊᖅᑲᖅᑕᒪᑕ. ᐃᓄᐃᑦ ᐅᖅᑳᐃᑦᓴᖅᑲᕆᐊᓕᓐᓂᒃ ᐃᑲᔪᖅᑎᐅᓱᑦ ᓄᓇᓕᓐᓄᑦ ᑐᒃᓱᕋᕆᔭᐅᑐᐊᕋᒥᒃ ᓄᓇᓕᓐᓅᖅᑲᑦᑕᒪᑕ ᐃᑲᔪᖅᓱᒥᐊᖅᑐᓱᑎᒃ. ᖃᐅᔨᒪᔭᐅᖅᑯᔾᔨᑦᓱᑕᓗ ᑐᑭᒧᐊᖅᑎᓱᔾᔨ ᑕᕝᕙᓂ ᐊᓪᓚᐃᒻᒥ ᓄᐃᒻᐱᕆᐅᓚᐅᔫᒥ ᓄᖅᑲᓚᐅᔪᒻᒪᑦ ᐊᓱᐊᓂᒃ ᐱᓇᓱᒐᑦᑏᓂ ᑲᔪᓱᑦᓱᐊᖅᑯᓇᔾᔨᓂᓗ ᐱᓇᓱᒐᑦᑏᖅᒥᒥᓂᒃ.

ᐊᐅᓚᑦᓱᓂᓕᓇᓂᖅᓄᑦ ᐊᓪᓚᐃᒻᒥ ᐱᓇᓱᑦᑏᑦ ᐃᑲᔪᖅᓯᒪᕙᖅᑐᑦ ᐅᖅᒪᕙᒥ ᑐᓚᑦᑕᐃᒃ ᐋᓐᓂᐊᐃᐅᑦ ᐱᓇᓱᑦᑎᖅᑭᓐᓂᒃ ᑮᓇᐅᔭᓂᒃ ᑲᓱᖅᑎᓱᒪᓱᐊᖅᑎᓗᒋᑦ. ᑕᒪᓐᓇ ᐱᔭᕆᐊᑐᔪᒻᒪᕆᐅᒪᓗᐊᖅᑎᓗᒍ. ᐱᕙᓪᓕᐊᔭᐅᓂᖅᒪ ᖃᐅᔨᒪᓇᑦᓱᐊᑐᖅ.

ᓄᓇᓕᓚᒥᓂ ᐱᓇᓱᑦᑎᑖᖅᐸᓕᐊᓂᖅᒍᑦ ᐊᓪᓚᐃᒻᒥ ᐱᓇᓱᑦᑏᑦ ᑐᑭᒧᐊᖅᑎᓱᔾᔨᑦᑖᖅᒻᒥᐅᖅᑦ. ᑕᕝᕙᓂ ᐊᓪᓚᐃᒻᒥ ᐱᓇᓱᑦᑏᑦ ᐃᖅᐱᒋᔭᖅᑲᓱᑦ ᑲᔪᓱᑦᑎᑕᐅᑦᓱᐊᒪᖅᒐᑦ ᐱᒋᐅᖅᓴᔭᐅᓂᓇᓱᖅᒐ ᐅᐃᒪᖅᑐᐃᑦ ᓴᖅᒥᔾᔨᖅᑭᑦᑕ ᐱᓇᓱᑦᑎᖅᑭᑦ ᐃᓄᐃᑦ ᐊᓪᒪᓗ ᐋᓐᓂᐊᐃᐊᐃᒻᒥ ᐃᓄᐃᑦ ᐱᓇᓱᑦᑏᑦ ᐱᒋᐅᖅᓴᑎᑦᓱᖅᑲᑕᐅᑎᓪᓗᒋᑦ ᐃᓕᓐᓂᐊᐃᒻᒪᓇᒻᒥᑦ ᒪᓇᐃᑦᑐᓇᐊᒥᑦ ᐱᓱᒪᔪᑦ. ᑲᔪᓱᒻᒥᔪᖅ ᐱᒋᐅᖅᓴᔭᐅᓂᖅ ᐃᓱᒪᒃᑯᑦ-ᐃᓅᓱᒃᑯᓗ ᐃᑲᔪᖅᑎᐅᒍᓐᓇᓂᖅ ᐃᐃᖅᑎᓱᐃᓐᓂ. ᒪᑭᐊᓪᑎᒍᑦ ᐃᓄᐃᑦ ᐊᐅᓚᑦᓱᔾᔨᐅᓂᖅᒥᒃ ᐱᒋᐅᖅᓴᔭᐅᓂᖅᒪ ᐃᓕᓴᖅᑕᐅᒋᐊᒥᒃ ᐊᓕᐊᒋᔭᐅᒻᒪᓇᔫᖅ ᐅᐱᒍᓱᑦᓱᑕᓗ ᖃᐅᔨᒪᔭᐅᖅᑯᔾᔨᑦᓱᑕ ᐊᑕᐅᓱᖅᒥᒃ ᐃᓕᓴᖅᑎᓂᒃ ᐱᔭᕇᓱᒻᒪᔪᖅᑲᖅᒪᑦ. ᐱᓇᓱᑦᑎᑖᖅᑲᒥᓱᑦᑕᓗ ᐱᓇᓱᒪᖅᓴᓂᒃ ᖃᐅᔨᒪᔭᐅᑎᑦᓱᔪᑦᓴᒥᒃ ᓄᓇᓕᓄᒃᓗ ᑕᒃᓕᒪᓄᑦ ᐊᖅᐱᑕᖅᓱᒪᓕᖅᓱᓂ ᓄᓇᐃᒻᒥ ᖃᓄᐃᖅᖅᒥᓱᐊᖅᓂᓕᓇᐃᒃᓂ ᐱᓇᓱᒪᖅᓴᐅᔪᓂᒃ ᖃᐅᔨᒪᔭᐅᑎᑦᓱᓱᒥᐊᖅᑐᓱᓂ ᐃᓕᓴᓄᑦ.

ᓄᓇᐃᐅᑦ ᓱᓕᑖᓂ ᐱᒍᑦᔨᐅᑎᓄᑦ ᐊᓪᓚᐃᒻᒥ ᐱᓇᓱᑦᑏᑦ ᐅᐸᓗᒪᖅᑲᑦᑕᑦ ᐱᓇᓱᐊᖅᓱᑎᒃ ᐋᓐᓂᐊᐃᓕᐊᖅᓱᒪᔪᓕᓇᐃᐅᑦ ᓈᑕᐅᓂᑦᓴᖅᒪᓂᒃ ᓄᑖᒍᑦ ᐃᓪᓗᔪᐊᒍᑦ ᑐᐊᕐᒥ. ᑎᓱᒻᐱᓇ 2015-ᒥ ᓴᓇᔭᐅᓱᒥᐊᖅᑐᐃᓂᖅ ᐊᖅᕋᒍᓗ ᓄᐃᒻᐱᓇ 2016-ᒥ ᐱᔭᕇᑕᐅᔪᑦᓴᐅᓱᓂ ᓄᑦᑎᐃᐅᒍᓇᐅᑦᓱᓂ ᑎᓱᒻᐱᓇ 2016-ᒥ.

ᑮᓇᐅᔭᖅᑐᓂᖅᒪᓄᑦ ᐊᖅᕋᒍ 2015-2016 ᑭᖅᒍᓪᓕᐸᐅᖅᖅ ᐊᖅᕋᒍᓄᑦ ᐊᒥᓱᓄᑦ ᐸᖅᓴᕈᑎᐅᔪᒍᑦ. ᐊᖅᕋᒍᓐᓄᑦ ᒪᖅᕈᓄᑦ ᓱᐃᑦᑐᓇᐊᖅᑕᐅᖅᑯᓱᒪᒪᓗᐊᖅᓱᒍ ᐊᑭᓕᕋᑦᓴᓂᒃ ᐊᑭᓖᓱᒪᑦᓱᐊᕈᒪᑦᓱᑕ ᖃᓄᖅᑑᕈᑎᑦᓴᓕᐊᓇᓱᒪᔭᑦᑎᓄᑦ ᐊᖅᕋᒍᑕᒫᑦ ᐱᓇᓱᐊᓇᐊᓕᐃᓂᑦᑎᓄᑦ. ᖁᖅᐸᒍᑦᑕᐅᖅ. ᐊᖅᑭᖃᑎᒌᒪᓱᐊᕈᑎᑦᓴᓂᒃ ᐸᖅᓇᕈᐊᖃᓕᖅᒥᔪᒍᑦ. ᐋᓐᓂᐊᐃᓐᓂᒃ ᒪᖅᕈᓂᒃ ᐸᖅᓇᖃᑎᖃᖅᓗᑕ. ᓄᑖᒥᒃ ᐊᖅᕋᒍᓄᑦ ᐊᒥᓱᓄᑦ ᐸᖅᓇᕈᑎᑦᓴᓂᒃ ᓄᓇᓕᓚᒥᓂ ᐱᒻᒪᓇᐅᑦᓱᑎᒃ ᑭᖅᖅᒎᒪᒥᔭᐅᔪᑦ ᐃᓚᐅᑎᑕᐅᓂᐊᖅᑎᓗᒋᑦ ᓯᕗᓪᓕᐅᔨᒪᑦᓴᓕᐊᒍᓯᒪᔪᐃᓐᓗ.

ᐃᓱᓕᐅᑎᒥᑦᓱᒍ. ᖃᐅᔨᓐᓕᕈᒪᕗᒍᑦ ᐱᓇᓱᑦᑐᓕᒫᓄᑦ ᐱᓇᓱᐊᖅᑕᐅᔪᓂᒃ ᐃᓗᓱᓕᓇᓂᖅᒥᒃ ᐃᓄᓕᓇᓂᖅᒥᓗ ᐱᒍᑦᔨᓂᑎᒍᑦ. ᑐᓂᒪᓂᖅᒥᓄᑦ ᓄᓇᐃᒻᒥᐅᓄᑦ ᑭᖅᖅᒎᒪᒥᔭᐅᔪᓂᒃ ᑲᒪᑦᓱᑎᒃ ᐱᕙᓪᓕᓱᐊᖅᑕᒪᑕ. ᓇᑯᖅᒥᓱᑕᓗ ᓄᓇᓕᓚᒥᓂ ᐱᒍᑦᔨᐃᓐᓂᒃ ᐱᓇᓱᖃᑎᒋᔭᑦᑎᓂᖅᓗ ᐃᑲᔪᖅᓱᒪᕙᒃᒪᑕ ᑲᑐᑦᔨᖃᑕᐅᑦᓱᐊᓱᑎᖅᓗ.

Qiutangel

ᐃᓕᓴᐱ ᐅᐃᑦᑕᖅᒪᖅ
ᐊᖅᒪᔪᖅᑲᖅ

ᒥᓂ ᑯᔨ
ᑲᒪᔨᒃᒪᓇᒃ

ᑲᑎᒪᔨᑦ

ᐅᐱᒋᔭᖅᑲᕐᖑᒍᑦ ᑲᑎᒪᔨᖕᒍᕋᑦᕐᖅᑲᒥᐅᓕᕐᑐᓂᒃ ᑎᓕᔭᐅᓚᐅᔪᒃᒪᑕ ᑕᒃᒐᓂ ᐊᕐᕋᒍᕐᒥ ᐊᓂᒍᕋᑦᕐᑐᒥ, ᐊᒻᒪᓗ ᕿᓚᓈᕐᓯᑕ ᐃᑲᔪᕐᑎᒦᑦᓯᐊᓂᓚᖕᒐᔭᕐᓂᒃ ᑎᑭᐅᑎᓗᒍ ᑐᕋᒐᖅᑲᑎᒦᒍᑎᕗᑦ ᐱᐅᓯᒋᐊᓇᓂᕐᒍᑦ ᖃᓄᐃᓕᖓᓂᖓᓂᒃ ᖃᓄᐃᖅᒋᓯᐊᕐᓂᓕᓇᓂᒃᑯᑦ ᓄᓇᕕᒻᒥᐅᑦ.

ᐊᕐᕋᒍᕐᒥ ᐊᕑᑎᕋᑦᕐᑐᒥ, ᑲᑎᒪᔨᑦ ᓄᓇᕕᒻᒥ ᐃᓗᓯᓕᓇᔨᒃᑯᓂ ᑎᓕᔭᓚᐅᔪᕗᑦ ᒐᒃᐃᑦᑎᐅᒃ ᐯᔨᒃᒥᒃ ᑐᑭᒍᐊᑦᑎᓯᔨᒋᔭᐅᓂᐊᓕᕐᑎᓗᒍ ᓄᓇᓕᓕᒫᓄᓕᖓᔪᕐᒥ ᐱᓇᓱᑦᕕᒥ ᐱᓇᓱᑦᑎᓕᓇᓂᕐᒍᐊᖓᔪᓂᒃ ᐱᑦᓕᐊᑎᑦᓯᓂᕐᒍᑦ. ᒥᐅᔨ ᒥᐊᓱᒥᒃ ᒫᓇᓱᐅᑎᐅᓗᓂ ᑐᑭᒍᐊᑦᑎᓯᔨᐅᓚᖓᑎᑦᓗᒍ ᐃᓄᐃᑦ ᐃᑦᓕᓇᔭᖕᒋᓐᓂᒃ ᐱᓇᓱᐊᓲᖕᒋᓐᓂᓗ ᐱᓇᓱᑦᕕᒥ, ᐋᓐᓂᐊᓱᐅᕐᑎᒪᓇ ᕐᕌᓱᐊᕐ ᕐᕌᕐᒥᒃ ᒫᓇᓱᐅᑎᐅᓗᓂ ᑐᑭᒍᐊᑦᑎᓯᔨᐅᓚᖓᑎᑦᓗᒍ ᐃᓄᐃᑦ ᖃᓄᐃᖅᒋᓯᐊᕐᓂᓕᓇᕕᖓᓂ. ᐊᒻᒪᓗ ᑭᖅᒍᓕᕐᕌᖓᑦ. ᕿᐊᓚᑦ ᑎᐅᑦᒥᒃ ᐃᑲᔪᕐᑎᐅᓚᖓᓕᕐᑎᓗᒍ ᑲᒪᔨᒻᒪᓇᒍᑦ. ᓄᓇᕕᒻᒥ ᐃᓗᓯᓕᓇᔨᒃᑯᑦ ᐅᐱᒪᒍᑎᖅᑲᕐᖑᑦ ᑐᖅᒐᓯᑦᑎᓯᒋᐊᒥᒃ ᑲᒪᒋᔭᖅᑲᕐᓂᒥᒃ ᐱᓇᓱᐊᖅᑎᒦᑦᑐᓄᑦ ᐊᒻᒪᓗ ᓯᐳᓂᖅᑲᑦᓯᐊᓚᖓᑯᔨᑦᓯᑎᒃ ᐱᓇᓱᐊᓇᐊᖅᑲᓚᖓᓕᕐᑕᒥᓂ.

ᑲᑎᒪᔨᑦ ᓄᓇᕕᒻᒥ ᐃᓗᓯᓕᓇᔨᒃᑯᓂ ᓇᑯᕐᒦᐳᑦ ᔨᐅᑦ ᐆᓗᒥᒃ. ᐃᑲᔪᕐᑎᐅᓚᐅᕐᓂᖓᓄᑦ ᑲᒪᔨᒻᒪᓇᒍᑦ ᐊᒻᒪᓗ ᑖᓂᐊᑦ ᒥᔨᒥᒃ. ᑐᒥᒍᐊᑦᑎᓯᔨᐅᓚᐅᕐᓂᖓᓄᑦ ᓄᓇᓕᓕᒫᓄᓕᖓᔪᕐᒥ ᐱᓇᓱᐊᒥ ᐱᓇᓱᑦᑎᓕᓇᓂᕐᒍᐊᖓᔪᓂᒃ ᐱᑦᓕᐊᑎᑦᓯᓂᕐᒍᑦ. ᑕᒪᕐᒥᒃ ᐅᑭᐅᒥᓂᒃ ᒪᓕᑦᓯᑎᒃ ᐱᓇᓱᒃᓂᒥᓂᒃ ᓄᖅᑲᓚᐅᔪᔨᒃ ᐅᑭᐊᑦᕐᔭᐅᑎᑦᓗᒍ 2015ᒥ.

ᑲᑎᒪᔨᑦ ᑭᓇᒃᑰᓂᖅᒋᑦ, ᒫᑦᔨ 31, 2016ᒥ

ᐳᕐᑐᓂᕐᓴᑦ (ᐱᓇᓱᐊᕐᑕᐅᔭᐅᑎᒋᒋᐊᓕᓐᓄᑦ) ᑲᑎᒪᔨᑦ

ᐃᓕᓴᐱ ᐅᐃᑦᑕᖅᖓᖅ	ᐊᖅᒪᔪᕐᖃᖅ, ᐳᐱᕐᓂᑐᒥᐅᑦ ᑭᒻᒪᖅᖓ
ᑯᑉᑦ ᖃᑦᐳᐊ	ᐊᖅᒪᔪᕐᖃᑦ ᑐᖅᒪᓕᖅᖓ, ᐅᖅᒪᑦ ᑐᓚᑦᑕᐱᒃ ᐋᓐᓂᐊᐱᐅᑦ ᑭᒻᒪᖅᖓ
ᒥᓂ ᑯᔨᒃ	ᐊᑦᓚᑎ, ᓄᓇᕕᒻᒥ ᐃᓗᓯᓕᓇᔨᒃᑯᓂ ᑲᒪᔨᒻᒪᓇ
ᖁᒪᒃ ᒪᖅᒋᐅᖅ	ᐳᕐᑐᓂᕐᓴᓂ ᑲᑎᒪᔨ, ᐃᖅᔨᐱᒻᒥᐅᑦ ᑭᒻᒪᖅᖓ
ᓱᓕ ᒍᐅᑦᑐᐳᐃ	ᐳᕐᑐᓂᕐᓴᓂ ᑲᑎᒪᔨ, ᑰᒃᔪᐊᒥᐅᑦ ᑭᒻᒪᖅᖓ

ᑲᑎᒪᔨᑦ

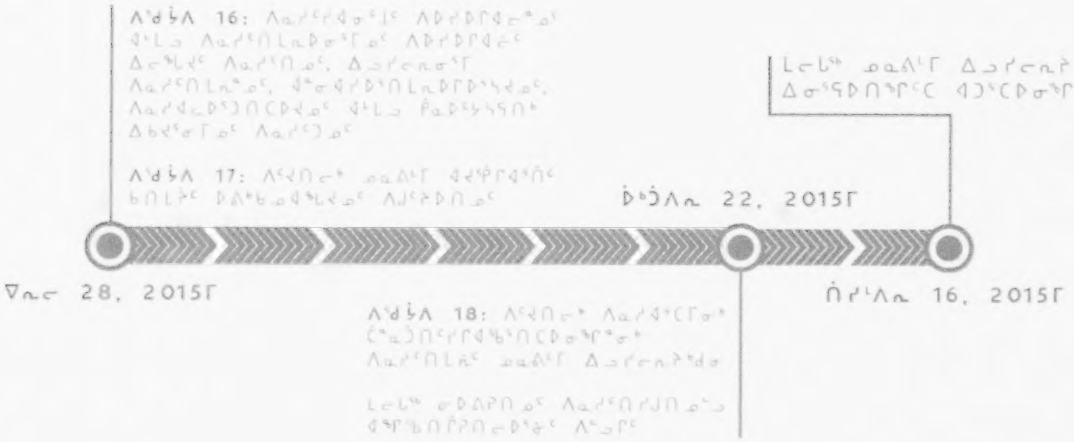
ᐊᒃᐸᖅᑕᒃ, ᓄᓇ	ᐊᐅᐸᓗᒻᒥᐅᑦ ᑭᒻᒪᖅᖓ
ᐋᓇᓈᒃ, ᑭᑎ	ᑲᖅᒋᕐᓯᐊᓗᒃᔪᐊᒥᐅᑦ ᑭᒻᒪᖅᖓ
ᐋᕐᖓᒃ, ᐋᓚᓯ	ᑲᖅᒋᕐᓯᔪᐊᕐᒥᐅᑦ ᑭᒻᒪᖅᖓ
ᐳᑐᐅᒃ, ᓴᒃ	ᐃᓈᓕᑦᓯᐱᒃ ᐋᓐᓂᐊᐱᒻᒥ ᑲᒪᔨᒻᒪᓇ
ᐆᑎ, ᒐᔨ	ᐅᖅᒪᑦ ᑐᓚᑦᑕᐱᒃ ᐋᓐᓂᐊᐱᒻᒥ ᑲᒪᔨᒻᒪᓇ
ᐆᑎ, ᒥᐊᔨ	ᑕᓯᐅᔭᕐᒥᐅᑦ ᑭᒻᒪᖅᖓ
ᐸᓚᒥᕐ, ᑰᕋ	ᑰᒃᔪᐊᕋᐱᒻᒥᐅᑦ ᑭᒻᒪᖅᖓ
ᕿᑎᕐᓯᒥᒃ, ᐹᕐᓴ	ᑲᑎᐱᒃ ᓄᓇᓕᓕᒫᑦ ᑲᑦᖅᒪᑕ ᑭᒻᒪᖅᖓ
ᓂᖅᒋᐅᔨᐱᒃ, ᓱᓚ	ᖁᐊᕐᑕᒥᐅᑦ ᑭᒻᒪᖅᖓ
ᓂᐱᐊᕐᓯ, ᐋᓚᒃ	ᐅᒥᐅᔭᕐᒥᐅᑦ ᑭᒻᒪᖅᖓ
ᓇᐅᔭᑲᒃᓚᒃ, ᓯᐊᔭ	ᐃᓄᒃᔪᐊᒥᐅᑦ ᑭᒻᒪᖅᖓ
ᐹᒃᓚᔭ, ᔫᓯᐱ	ᐃᓈᓕᑦᓯᐱᒃ ᐋᓐᓂᐊᐱᐅᑦ ᑭᒻᒪᖅᖓ

ᖃᕐᖑᑐᒃ, ᓱᓯᐱ ᐊᑯᓕᕕᒻᒥᐅᑦ ᑭᒡᒪᖕᒪ

ᓴᕕᐊᕐᔪᒃ, ᐁᑕ ᓴᓐᓗᒥᐅᑦ ᑭᒡᒪᖕᒪ

ᑕᕐᑭᐊᐱᒃ ᑭᐊᓇᐅ.ᓗᓯ ᑲᖏᕐᓯᒥᐅᑦ ᑭᒡᒪᖕᒪ

ᐱᖑᔭᐃᑦ ᒪᓕᒃᑐᓗ ᐊᖏᕐᑕᐅᓯᑎᒃ ᐊᑐᓕᕐᑎᑕᐅᓚᐅᔪᑦ ᑮᓇᐅᔭᓕᓇᒍᑏᑦ ᐊᕐᕋᒍᖕᒪᓂ 2015-2016.


ᐱᖑᔭᐱ 16: ᐱᓇᓱᕐᓯᐊᓂᕐᒧᑦ ᐱᐅᓯᐅᒥᐊᓕᒃᓄᑦ ᐊᒃᒪᓗ ᐱᓇᓱᕐᑎᒪᓇᐅᓂᕐᒥᓄᑦ ᐱᐅᓯᐅᒥᐊᓕᑦ ᐃᓕᖕᒪᔪᑦ ᐱᓇᓱᕐᑎᓄᑦ, ᐃᓗᓯᓕᓇᓂᕐᒥ ᐱᓇᓱᕐᑎᒪᓇᒃᓄᑦ, ᐋᒃᓂᐊᓯᐅᕐᑎᒪᓇᐅᒥᐅᕐᔪᓄᑦ, ᐱᓇᓱᐊᓕᐅᕐᑐᑎᑕᐅᔪᓄᑦ ᐊᒃᒪᓗ ᑮᓇᐅᔭᕐᔪᕐᑎᒃ ᐃᑲᔪᕐᓂᒥᓄᑦ ᐱᓇᓱᕐᑐᓄᑦ

ᐱᖑᔭᐱ 17: ᐱᕐᔪᑎᓕᒃ ᓄᓇᐃᒻᒥ ᐊᔪᕿᒥᐊᕐᑏᑦ ᑲᑎᒪᔨᑦ ᐅᐃᒃᑲᓄᐊᖕᒪᔪᓄᑦ ᐱᒍᕐᔨᐅᑎᓄᑦ

ᐅᒃᑑᐱᓇ 22, 2015ᒥ

ᒪᓕᒐᒃ ᓄᓇᐃᒻᒥ ᐃᓗᓯᓕᓇᔨᒃᑯᑦ ᐃᓂᕐᕋᐅᑎᖕᒥᑦᑕ ᐊᑐᕐᑕᐅᓂᖕᒥᓐᓄᑦ

ᐅᓇᓕ 28, 2015ᒥ

ᑏᓯᒻᐱᓇ 16, 2015ᒥ

ᐱᖑᔭᐱ 18: ᐱᕐᔪᑎᓕᒃ ᐱᓇᓱᐊᕐᑕᒥᓂᒃ ᑖᓐᓇᑑᑎᕐᓯᒥᐊᖑᕐᑎᑕᐅᓂᖕᒥᓐᓂᒃ ᐱᓇᓱᕐᑎᒪᕙᑦ ᓄᓇᐃᒻᒥ ᐃᓗᓯᓕᓇᔨᒃᑯᓂ

ᒪᓕᒐᒃ ᓂᐅᐃᕈᑎᓄᑦ ᐱᓇᓱᕐᑎᓯᒍᑎᓄᑦᓗ ᐊᖏᖑᑎᑮᕈᑎᓕᐅᖕᒥᑦ ᐱᓐᓗᒥᑦ

ᑲᑎᒪᔨᑦ ᓄᓇᐃᒻᒥ ᐃᓗᓯᓕᓇᔨᒃᑯᓂ

ᓄᓇᐃᒻᒥ ᐃᓄᐃᑦ ᓂᕈᐊᕈᓐᓇᐅᑎᒥᓂᒃ ᐊᑐᕐᑯᔭᐅᓚᐅᔪᑦ ᑖᒃᑑᐱᓇ 13, 2015ᒥ, ᓂᕈᐊᕐᑕᐅᓂᖕᒥᓐᓄᑦ ᑭᒡᒪᑐᕐᑎᖕᒥᑦ ᐊᑐᓂ ᓄᓇᓖᑦ ᑲᑎᒪᔨᖕᒥᓐᓄᑦ ᐃᓅᓕᑦᓯᐊᒃ ᐋᓐᓂᐊᕕᐅᑦ ᐊᒃᒪᓗ ᑐᓚᑦᑕᐊᒃ ᐋᓐᓂᐊᕕᐅᑦ. ᐱᓂᐊᕐᓂᓇᒥᐊᖑᕐᒥᔭᒥᓂᓪᓗ, ᐱᓇᓱᑦᑏᑦ ᑕᒪᒥᓐᓂᑦ ᐋᓐᓂᐊᕕᓐᓂᑦ ᓂᕈᐊᓚᐅᔪᕐᒃ ᓯᑕᒪᓂᒃ ᐱᓇᓱᑦᑎᐅᖑᑎᒥᓂᑦ ᐊᑐᓂ ᐋᓐᓂᐊᕕᓐᓂ.

ᐃᓚᖕᒥᓐᓂ ᓄᓇᓕᓐᓂ ᐋᕐᕿᓯᐃᔪᐊᓂᐅᓚᐅᔪᖕᒥᑐᑦ ᓂᕈᐊᕐᓂᓂᒃ; ᑎᒥᒻᒪᑕ ᓄᓇᐃᒻᒥ ᐃᓗᓯᓕᓇᔨᒃᑯᑦ ᑲᑎᒪᔨᖕᒥᑦ ᑎᓕᔨᓯᒪᓚᐅᔪᕐᑐᑦ ᑐᒃᑯᓄᖕᒪ ᓄᓇᓕᓐᓄᑦ ᑭᒡᒪᑐᕐᑎᐅᕿᓐᓇᓂᐊᕐᑐᓂᒃ ᑲᑎᒪᓂᕐᒥᓂᑦ ᑏᓯᒻᐱᓇ

15, 2015ᒥ ᐊᒃᒪᓗ ᔭᓄᐊᓇ 27, 2016ᒥ.

ᐃᓗᓯᓕᓇᔨᒃᑯᓕ ᑲᑎᒪᔨᖕᒥᓐᓂ, ᐃᓗᓐᓇᑎᒃ ᓄᓇᓖᑦ ᓄᓇᐃᒻᒥ ᑎᓕᔨᖑᔭᐅᓚᐅᔪᕐᑐᑦ ᑭᒡᒪᑐᕐᑎᒥᓂᒃ.

ᑲᑎᒪᔨᑦ ᓄᓇᐃᒻᒥ ᐃᓗᓯᓕᓇᔨᒃᑯᓂ

ᑲᑎᒪᔨᑦ ᐃᓚᐅᐃᖕᑲᓚᐅᔪᕐᑐᑦ ᑕᓐᓕᒪᓂᑦ (5) ᓇᓕᐅᑎᑦᑕᐃᓕᓐᓂᑦ ᑲᑎᒪᓂᕐᓂᑦ ᐊᒃᒪᓗ ᐊᕐᕋᒍᑕᒫᕐᓯᐅᑎᒥᒃ ᑲᑎᒪᓂᒻᒪᓇᒻᒥᒃ, ᐊᑐᓕᕐᑎᓯᕐᓯᑎᒃ ᐊᖏᕐᓯᑎᒃ 95ᓂᒃ ᑐᑭᑖᕈᑎᓂᒃ. ᐳᕐᑐᓂᕐᓴᑦ (ᐱᓇᓱᑦᑕᐅᓴᐅᑎᒋᒥᐊᓕᓐᓄᑦ) ᑲᑎᒪᔨᑦ ᓯᑕᒪᐅᔪᖕᒥᒐᕐᑐᐃᑦᓯᑎᒃ ᑲᑎᒪᓚᐅᔪᕐᑐᑦ.

ᐅᑯᐊᖕᒍᕐᑐᑦ ᓂᕈᐊᕐᑕᐅᔪᐃᓃᑦ ᑭᖑᓪᓕᓯᒥ ᓂᕈᐊᕐᓂᖕᒃᑎᓗᒋᑦ:

- ᖁᒪᒃ ᒪᖕᒋᐅᒃ ᑎᓕᔭᐅᒋᐊᓐᓚᓚᐅᔪᔪᖕ ᑭᒡᒪᑐᕐᑎᐅᓂᕐᒧᑦ ᐃᕐᔨᐃᒻᒥᐅᓂᒃ ᑏᓯᒻᐱᓇ 15, 2015ᒥ.
- ᐁᑕ ᓴᕕᐊᕐᔪᒃ ᑎᓕᔭᐅᓚᐅᔪᔪᖕ ᑭᒡᒪᑐᕐᑎᐅᓂᕐᒧᑦ ᓴᓐᓗᒥᐅᓂᒃ ᑏᓯᒻᐱᓇ 15, 2015ᒥ ᐃᓇᖕᒋᑦᓯᓂ ᓱᓯᐱ ᐹᓐᓚᔭᒥᒃ ᑭᒡᒪᑐᕐᑎᐅᓚᐅᔪᔪᒥᒃ ᐃᑦᐳᐊᓇ 17, 2015ᒥ.
- ᑯᓗᑦ ᑳᑦᐳᐊ ᑎᓕᔭᐅᒋᐊᓐᓚᓚᐅᔪᔪᖕ ᑭᒡᒪᑐᕐᑎᐅᓂᕐᒧᑦ ᑐᓚᑦᑕᐃᒃ ᐋᓐᓂᐊᕕᒻᒧᑦ ᑏᓯᒻᐱᓇ 15, 2015ᒥ.

◊ ᐋᓚᓯ ᐋᕐᖓᖅ ᑎᓕᔭᐅᒥᐊᓐᓚᓚᐅᔪᔪᖅ ᑭᒡᒐᕐᑎᐅᓂᕐᒧᑦ ᑲᖏᕐᓯᔪᐊᕐᒥᐅᓂᒃ ᐁᓇᓕ 19, 2016ᒥ.

◊ ᓄᓇ ᐊᒃᐹᖃᑦᑕᒃ ᑎᓕᔭᐅᓚᐅᔪᔪᖅ ᑭᒡᒐᕐᑎᐅᓂᕐᒧᑦ ᐊᐅᐸᓗᒡᒥᐅᓂᒃ ᐁᓇᓕ 19, 2016ᒥ;

◊ ᓗᓯ ᑭᐊᓇᐅ ᑕᕐᕿᐊᐱᒃ ᑎᓕᔭᐅᒥᐊᓐᓚᓚᐅᔪᔪᖅ ᑭᒡᒐᕐᑎᐅᓂᕐᒧᑦ ᑲᖏᕐᓯᒥᐅᓂᒃ ᑏᓯᒡᐱᓇ 15, 2015ᒥ.

◊ ᓱᓕ ᒍᐁᑦᑐᐳᐃ ᑎᓕᔭᐅᓚᐅᔪᔪᖅ ᑭᒡᒐᕐᑎᐅᓂᕐᒧᑦ ᑰᒃᔪᐊᒥᐅᓂᒃ ᑏᓯᒡᐱᓇ 15, 2015ᒥ ᐃᓇᖕᒋᑦᓯᓂ ᑐᓄ ᓇᐹᕐᑐᒥᒃ ᑭᒡᒐᕐᑎᐅᓚᐅᔪᒥᒃ ᑏᓯᒡᐱᓇ 4, 2012ᒥᓂᑦ.

◊ ᑭᑎ ᐋᓇᓈᒃ ᑎᓕᔭᐅᒥᐊᓐᓚᓚᐅᔪᔪᖅ ᑭᒡᒐᕐᑎᐅᓂᕐᒧᑦ ᑲᖏᕐᓯᐊᓗᒃᔪᐊᒥᐅᓂᒃ ᑏᓯᒡᐱᓇ 15, 2015ᒥ.

◊ ᐃᓕᓴᐱ ᐅᐃᑦᑕᖕᒐᖅ ᑎᓕᔭᐅᒥᐊᓐᓚᓚᐅᔪᔪᖅ ᑭᒡᒐᕐᑎᐅᓂᕐᒧᑦ ᐳᐃᕐᓂᑐᒥᐅᓂᒃ ᑏᓯᒡᐱᓇ 15, 2015ᒥ.

◊ ᐋᓕᒃ ᓂᐃᐊᕐᓯ ᑎᓕᔭᐅᓚᐅᔪᔪᖅ ᑭᒡᒐᕐᑎᐅᓂᕐᒧᑦ ᐅᒥᐅᔭᕐᒥᐅᓂᒃ ᐃᕐᐳᐊᓇ 23, 2016ᒥ ᐃᓇᖕᒋᑦᓯᓂ ᒍᐃᓕ ᕐᑯᒫᓗᒡᒥᒃ ᑭᒡᒐᕐᑎᐅᓚᐅᔪᔪᒥᒃ ᐃᕐᐳᐊᓇ 20, 2007ᒥᓂᑦ.

◊ ᒥᐊᔨ ᐳᑎ ᑎᓕᔭᐅᓚᐅᔪᔪᖅ ᑭᒡᒐᕐᑎᐅᓂᕐᒧᑦ ᑕᓯᐅᔭᕐᒥᐅᓂᒃ ᑏᓯᒡᐱᓇ 15, 2015ᒥ ᐃᓇᖕᒋᑦᓯᓂ ᒨᓯᓯ ᒪᓂᕐᒥᒃ ᑭᒡᒐᕐᑎᐅᓚᐅᔪᔪᒥᒃ ᑏᓯᒡᐱᓇ 4, 2012ᒥᓂᑦ.

◊ ᑰᕋ ᕝᓚᒥᖅ ᑎᓕᔭᐅᓚᐅᔪᔪᖅ ᑭᒡᒐᕐᑎᐅᓂᕐᒧᑦ ᑰᒃᔪᐊᕋᐱᒡᒥᐅᓂᒃ ᑏᓯᒡᐱᓇ 15, 2015ᒥ ᐃᓇᖕᒋᑦᓯᓂ ᓕᓯ ᓂᐃᐊᕐᓯᒥᒃ ᑭᒡᒐᕐᑎᐅᓚᐅᔪᔪᒥᒃ ᔭᓄᐊᓇ 30, 2003ᒥᓂᑦ.

◊ ᓱᓚ ᓂᖏᐅᔨᐃᒃ ᑎᓕᔭᐅᓚᐅᔪᔪᖅ ᑭᒡᒐᕐᑎᐅᓂᕐᒧᑦ ᖁᐊᕐᑕᒥᐅᓂᒃ ᑏᓯᒡᐱᓇ 15, 2015ᒥ ᐃᓇᖕᒋᑦᓯᓂ ᓴᓕ ᐅᒃᐱᒥᒃ ᑭᒡᒐᕐᑎᐅᓚᐅᔪᔪᒥᒃ ᑏᓯᒡᐱᓇ 4, 2012ᒥᓂᑦ.

◊ ᕖᕐᓴ ᕿᑎᕐᓯᒥᒃ ᑎᓕᔭᐅᒥᐊᓐᓚᓚᐅᔪᐳᑦ ᑭᒡᒐᕐᑎᐅᓂᕐᒥᓄᑦ ᑲᑎᐃᒃ ᓄᓇᓕᓕᒫᑦ ᖃᕐᒪᖕᒐᓄᑦ ᑏᓯᒡᐱᓇ 15, 2015ᒥ.

◊ ᔫᓯᐱ ᕖᓚᔭᑦ ᑎᓕᔭᐅᓚᐅᔪᐳᖅ ᑭᒡᒐᕐᑎᐅᓂᕐᒧᑦ ᐃᓅᓕᑦᓯᐃᒃ ᐋᓐᓂᐊᐃᒡᒧᑦ ᐃᕐᐳᐊᓇ 23, 2016ᒥ, ᐃᓇᖕᒋᑦᓯᓂ ᔫᓯᐱ ᖃᕐᖁᑐᒥᒃ ᑭᒡᒐᕐᑎᐅᓚᐅᔪᔪᒥᒃ ᑏᓯᒡᐱᓇ 4, 2012ᒥᓂᑦ.

◊ ᔫᓯᐱ ᖃᕐᖁᑐᒃ ᑎᓕᔭᐅᓚᐅᔪᔪᖅ ᑭᒡᒐᕐᑎᐅᓂᕐᒧᑦ ᐊᑯᓕᐃᒡᒥᐅᓂᒃ ᑏᓯᒡᐱᓇ 15, 2015ᒥ. ᐃᓇᖕᒋᑦᓯᓂ ᓗᑲᓯ ᐊᓗᑯ ᐊᖓᔪᑦᓯᒥᒃ ᑭᒡᒐᕐᑎᐅᓚᐅᔪᔪᒥᒃ ᑏᓯᒡᐱᓇ 4, 2012ᒥᓂᑦ.

◊ ᓯᐊᔭ ᓇᐅᔭᑲᑦᓚᒃ ᑎᓕᔭᐅᓚᐅᔪᔪᖅ ᑭᒡᒐᕐᑎᐅᓂᕐᒧᑦ ᐃᓄᒃᔪᐊᒥᐅᓂᒃ ᑏᓯᒡᐱᓇ 15, 2015ᒥ ᐃᓇᖕᒋᑦᓯᓂ ᐃᑦᑕ ᒍᐃᑖᓗᒃᑐᒥᒃ ᑭᒡᒐᕐᑎᐅᓚᐅᔪᔪᒥᒃ ᔭᓄᐊᓇ 24, 2006ᒥᓂᑦ.

ᐅᑯᐊ ᑲᑎᒪᔨᓂᒃ ᓯᓇᒥᑦᑎᓯᒍᑎᐅᓚᐅᔪᐳᑦ:

◊ ᔭᔨ ᐳᑎ, ᑲᒪᔨᒡᒪᓇ, ᐅᖕᒐᑦ ᑐᓚᑦᑕᐃᒃ ᐋᓐᓂᐊᐃᒡᒥ;

◊ ᕐᓐ ᐳᑐᐁᓐ, ᑲᒪᔨᒡᒪᓇ, ᐃᓅᓕᑦᓯᐃᒃ ᐋᓐᓂᐊᐃᒡᒥ;

◊ ᒥᓂ ᑯᔨ, ᑲᒪᔨᒡᒪᓇ, ᓄᓇᐃᒡᒥ ᐃᓗᓯᓕᓇᔨᒃᑯᓂ. ■

ᐋᓐᓂᐊᕕᒻᒧᑦᑕᐅᓚᖓ ᔪᒥᒃ
ᐋᓐᓂᐊᕕᒻᒧᓚᐅᕐᑎᓇᒍ ᐱᒍᑦᔨᐅᑏᑦ

ᓄᓇᕕᒻᒥ ᐃᓗᓯᓚᓇᔨᒃᑯᑦ ᓇᓗᓐᕐᓯᒋᐊᑦᓯᐊᕈᒪᔪᑦ ᓄᓇᓖᑦ ᐃᑲᔪᕐᓯᓂᕐᒋᓐᓂᒃ ᐱᑕᖃᕐᑎᓯᓂᕐᒥᒃ ᐋᓐᓂᐊᕕᒻᒧᑦᑕᐅᓚᖓ ᔪᒥᒃ ᐋᓐᓂᐊᕕᒻᒧᓚᐅᕐᑎᓇᒍ ᐱᒍᑦᔨᐅᑏᑦ ᓄᓇᕕᒻᒥ. ᐱᑕᖃᕐᑎᑕᐅᑦᓯᐊᓇᐊᖃᕐᓂᕐᒋᓐᓂᒃ ᐱᓇᓱᐊᓲᑦ ᑲᒪᒋᔭᐅᓂᕐᒋᓐᓂᒃ ᐃᓇᕐᒋᕐᑕᐅᖃᑦᑕᓯᐊᓇᐊᖃᕐᓂᕐᒋᓐᓂᓗ ᐱᓇᓱᑦᑐᐃᑦ. ᐅᑯᒍᓪᓕ ᐱᓇᓱᐊᓇᐊᖃᕐᑎᓗᑕ ᐃᑲᔪᕐᓗᒋᑦ ᐃᓕᓐᓂᐊᑎᑦᓯᒍᑎᓂᒃ ᐱᓇᓱᐊᕐᓂᑯᑦ ᑮᓇᐅᔭᖃᕐᑎᓯᓂᒃᑯᓗ. ᓄᓇᕕᒻᒥ ᐃᓗᓯᓚᓇᔨᒃᑯᑦ ᐊᔪᐃᓐᓇᕈᑎᖃᒻᒪᓇᓱᑦ ᐋᕐᑭᓯᕐᑕᐅᓂᕐᒋᓐᓂᒃ ᑲᔪᓯᑎᑕᐅᓂᕐᒋᓐᓂᓗ ᐃᓕᓐᓂᐊᑎᑦᓯᒍᑏᑦ ᐱᑕᖃᑦᓯᐊᑎᒐᓯᐊᒧᑦ ᐱᐅᔪᓪᓚᓇᓐᓂᒃ ᐱᒍᑦᔨᐅᑎᓂᒃ ᐃᓄᓐᓄᑦ.

ᒫᑦᔨ 31, 2016-ᖅᒍᑎᓐᓗᒍ, ᓄᓇᕕᒻᒥ 142-ᓂᒃ ᐃᓕᑕᓇᔭᐅᒍᑎᑖᕐᓯᒪᔪᖃᓕᓚᐅᔪᕗᖅ, ᐱᓇᓱᐊᕐᑐᓂᒃ ᑲᒪᕐᖃᓱᓂᒃ ᑲᒪᒋᔭᐅᒋᐊᖃᕐᑐᖃᓕᑐᐊᕐᒪᑦ.

ᐃᓕᓐᓂᐊᓂᖅ ᐃᓚᒋᔭᐅᓪᓗᑐᓇᐊᖃᕐᒪᑦ ᐋᓐᓂᐊᕕᒻᒧᑦᑕᐅᓚᖓ ᔪᒥᒃ ᐋᓐᓂᐊᕕᒻᒧᓚᐅᕐᑎᓇᒍ ᐱᒍᑦᔨᐅᑏᑦ ᐋᕐᑭᓯᕐᓯᒪᐅᑎᓄᑦ, ᐱᒻᒪᓇᐅᕗᖅ ᐱᒍᑦᔨᐅᑎᐅᑦ ᐊᑐᕐᑕᐅᓯᐊᕈᓐᓇᓂᖓ ᐊᒥᓱᒍᓐᓇᕕᓕᒫᕐᒥᓐᓄᑦ ᐃᓄᓐᓄᑦ ᐊᑐᕐᑕᐅᒍᓐᓇᓗᓂ, ᑕᒪᓐᓇᓗ ᐱᑕᖃᑦᓯᐊᑎᑦᓯᒍᑎᐅᑦᓯᓂ ᐱᐅᔫᓂᕐᒋᓐᓂᒃ ᖃᐅᔨᑦᓚᒋᐊᕈᑏᑦ ᐊᑐᕐᑕᐅᔪᐃᑦ ᑲᒪᕐᖃᓇᐊᖃᓱᓄᑦ ᐊᒻᒪᓗ ᑲᔪᓯᑦᓯᐊᑐᓂᒃ ᐱᒍᑦᔨᐅᑎᓂᒃ ᐱᓇᓱᓐᓇᑐᑦᑕᕐᓇᐸᓪᓗᓂ 24ᓂᒃ ᕿᑦᓚᒍᓯᓂᒃ ᖃᐅᑕᒫᖅ, 365ᓂᒃ ᐅᓪᓗᓂᒃ ᐊᕐᕌᒍᓕᒫᖅ. ᐱᖓᓱᔪᕐᑐᓂᒃ, ᑕᓪᓕᒪᓂᒃᑯᓪᓗᑐᓇᐊᓕᓐᓂᒃ ᐃᓕᓐᓂᐊᑎᑦᓯᓂᕐᓂᒃ ᐋᕐᑭᓯᕐᑕᐅᔪᖃᓚᐅᔪᕗᖅ ᐊᑦᔨᑏᕐᒥᑐᓂᑦ ᓄᓇᓕᓐᓂᑦ ᑐᕋᖓᔪᓂᒃ ᑎᒃᑯᓄᖓ ᓄᑖᓄᑦ ᑲᒪᕐᖃᓇᐊᖃᓱᓄᑦ ᐃᓚᐅᓯᕐᖃᒥᓐᓄᑦ. ᐊᑦᑎᓐᑯᓕᓪᓗ ᒪᕐᑭᓗ ᐃᓄᐃᑦ ᐊᓂᒍᐃᑦᓯᐊᓯᑎᒃ ᐱᔭᕇᑦᓯᐊᓚᐅᔪᕗᑦ ᐃᓕᓐᓂᐊᑎᑦᑕᐅᓂᕐᒥᓂᒃ. ᐱᒍᓐᓇᑕᒥᓂᒃ ᐃᕐᓕᔭᕐᓯᒥᓐᓇᓂᖅ ᐃᓚᒋᔭᐅᓪᓚᓇᒋᐊᖃᕐᓂᖅᓴᓄᑦ ᐱᐅᔪᕐᒥᓐᓇᑎᑦᓯᓂᕐᒍᑦ ᐱᔪᓐᓇᑕᕐᒥᓐᓂᒃ, 24ᓂᒃ ᐅᓪᓗᓕᒫᕐᓯᐅᑎᓂᒃ ᓄᑕᐅᓯᓕᕈᑎᓂᒃ ᐱᓇᓱᐊᕐᑕᐅᔪᖃᓚᐅᔪᕗᖅ ᐃᓘᓐᓇᕐᒥᓐᓂᑦ ᓄᓇᕕᒻᒥ ᓄᓇᓕᓐᓂᑦ.

ᓄᑖᕐᒍᓚᕐᒥᔪᖅ ᑕᒻᒪᓂ ᐊᕐᕌᒍᕐᒥ ᒪᕐᕈᓂᐅᓪᓗᓂᒃ ᐃᓕᓐᓂᐊᑎᑦᓯᓂᖅ ᐋᓐᓂᐊᓯᐅᕐᑎᓂᒃ ᑰᔪᐊᒥ ᐱᓇᓱᐊᖃᑎᐅᓱᕐᒪᔪᓂᒃ ᐋᓐᓂᐊᕕᒻᒧᓚᐅᕐᑎᓇᒋᑦ ᐱᒍᑦᔨᓂᕐᓂ. ᑕᒪᓐᓇ ᐃᓕᓐᓂᐊᑎᑦᓯᓂᖅ ᐋᕐᕿᓯᕐᑕᐅᓯᒪᔪᖅ ᐃᓚᐅᑎᓪᓗᒍ ᓄᓇᕕᒻᒥ ᐅᐃᒪᓇᕐᑐᓚᓇᓂᒃᑯᑦ ᐋᓐᓂᐊᕕᒻᒧᑦᑕᐅᓚᖓ ᔪᒥᒃ ᐋᓐᓂᐊᕕᒻᒧᓚᐅᕐᑎᓇᒍ ᐱᒍᑦᔨᐅᑏᑦ ᐋᓐᓂᐊᓯᐅᕐᑎᒪᓇᖅᒪ ᐊᒻᒪᓗ ᐃᓕᔭᕐᔨᖑᑎᑦᑕ ᐃᓚᖅᒪᑦ. ᓇᑯᕐᒥᑕᕗᑦ ᐃᑲᔪᕐᓯᓂᕐᒋᓐᓄᑦ ᑕᒪᒃᑯᓂᖅᒪ ᐱᓇᓱᐊᕐᑐᓂᒃ.

ᐃᓕᓐᓂᐊᑎᑦᓯᒍᑎᓂᒃ ᐱᓇᓱᐊᕐᑕᖅ, ᑖᑦᓯᒥᖅᒪᓗ ᐅᐱᒋᔭᖃᓪᓚᓇᑦᓯᑕ, ᐊᑦᔨᒋᔭᐅᒥᑐᒥᒃ ᑯᐯᒻᒥ. ᐱᐃᑦᓴᑖᕐᑎᓯᓲᖅ ᐳᕐᑐᓯᒋᐊᓇᒍᓐᓇᑎᑦᓯᓯᓂ ᐱᒍᓐᓇᑕᕐᒥᓐᓂᒃ ᐋᓐᓂᐊᓯᐅᕐᑏᑦ ᐱᓇᓱᑦᑐᐃᑦ ᐋᓐᓂᐊᕕᒻᒧᓚᐅᕐᑎᓇᒋᑦ ᐱᒍᑦᔨᓂᕐᓂᒃ ᐊᒻᒪᓗ ᓇᑯᓇᔭᐅᓪᓚᓇᑦᓯᓂ ᐃᓕᓐᓂᐊᖃᑎᐅᖃᑦᑕᑐᓄᑦ. ᓄᑖᓂᒃ ᐃᓕᓐᓂᐊᑎᑦᓯᒍᑎᓂᒃ ᐅᓪᓗᕐᑯᑎᓕᐅᕐᑕᐅᓯᒪᔪᖃᕐᒥᔪᖅ ᐊᕐᕌᒍᓚᖓᔪᒥ.

ᐅᐃᒪᓇᕐᓯᔪᓄᑦ ᐅᐸᓗᖅᓂᕐᓯᒪᓂᖅ

ᐊᕐᕌᒍᕐᒥ ᖃᖅᓯᕋᑖᕐᑐᒥ, ᐃᓚᖅᒋᑦ ᓄᓇᓖᑦ ᐊᑑᑎᓚᐅᔪᒻᒪᑕ ᓱᔪᖃᕐᑎᓗᒍ ᑭᙵᒍᒪᑦᓯᓚᕿᑦᓯᑎᒃ ᑎᒥᐅᔪᕐᑯᑎᑦᑕ ᖃᓄᐃᓕᒋᐊᕈᑎᖅᒋᓐᓂᒃ ᑲᒪᒋᔭᖃᓇᐊᑦᓚᕈᑎᖅᒋᓐᓂᓗ. ᓱᔪᖃᓚᐅᔪᒻᒪᑦ – ᐅᓯᐊᓗᑦᓴᔭᓂᒃ ᑯᐃᔪᖃᓯᓂ, ᐃᒣᓐᓂᐊᑐᖃᓯᓂ, ᑐᓴᐅᒪᖃᑎᑮᒍᑎᑦ ᐊᑐᕈᓐᓇᖅᒋᓯᒪᑎᑦᓗᒋᑦ – ᑭᙵᒍᓇᕐᓯᑎᑦᓯᓚᐅᔪᒻᒪᑕ ᐊᑕᐅᑦᓯᑯᑦᓯᐊᓂᕐᓴᓂᒃ ᖃᓄᕐᑑᕈᑎᖅᒋᓐᓂᒃ ᐊᑦᔨᑏᕐᒥᑐᐃᑦ ᑲᑦᒫᐱᒃᑯᑎᒍᑦ ᐱᓇᓱᐊᖃᑎᑮᑦᑐᖃᑎᖅᒋᓐᓂᒃ, ᑲᑎᐃᒃ ᓄᓇᓕᓕᒫᑦ ᑲᑦᒪᖓᓂᒃ ᐊᒻᒪᓗ ᐊᑦᔨᑏᕐᒥᑐᓂᒃ ᑯᐯᒃᑯᑦ ᑐᕐᖃᑕᕐᐱᖅᒋᓐᓂᑦ ᐃᓱᒫᓗᒋᔭᓕᓐᓂᒃ ᐱᓇᓱᐊᕐᑕᐅᒋᐊᓕᓐᓂᒃ ᐃᓄᐃᑦ ᐊᑦᑕᓇᖅᒋᑐᒥᕐᑯᓐᓗᒋᑦ. ᐃᑲᔪᕐᓯᓂᖅᒋᑦ ᐱᓇᓱᐊᖃᑎᐅᑦᓯᐊᓂᖅᒋᓐᓗ ᐅᐱᒋᔭᐅᒻᒪᓇᓚᐅᔪᕗᑦ.

ᓄᓇᕕᒻᒥ ᐃᓗᓯᓚᓇᔨᒃᑯᑦ ᐃᓚᐅᓚᐅᔪᒻᒥᔪᑦ ᖃᖅᒪᑦᑕᔫᒥᒃ ᑲᒐᓐᓇᑐᐱᓂᐅᔪᖃᑦᓴᓂᖅᑦᑦ ᐆᒃᑐᕋᐅᑎᓂᒃ ᐅᑭᐊᑦᓴᐅᑎᓐᓗᒍ 2015ᒥ ᑰᔪᐊᒥ. ᑕᒪᓐᓇ ᐆᒃᑐᕋᖅᓂᖅ ᐱᐃᑖᕈᑎᐅᓚᐅᔪᕗᖅ ᐋᖅᑭᐊᓇᐊᓕᓐᓂᒃ ᖃᓄᐃᓗᕈᑎᑦᓴᑦ ᐸᖅᓇᑕᐅᓯᒪᓂᕐᒥᓐᓂᑦ ᐱᓇᓱᐊᖃᑎᑦᑕᓗ ᐸᖅᓇᓯᒪᔭᕐᒥᓐᓂᒃ ᐱᓇᓱᐊᕈᓐᓇᓯᓂᕐᒥᒃ. ᓱᓕᒋᐊᓕᓪᓕᒃ, ᐆᒃᑐᕋᖅᓂᖅ ᑕᒪᓐᓇ ᐱᐃᑦᓴᓯᐊᖅᒍᓚᐅᔪᕗᖅ ᑐᑭᓯᓕᐅᒥᒍᑎᑦᓴᐅᓯᓂ ᐊᑦᔨᑏᕐᒥᑐᐃᑦ ᓄᓇᓕᒻᒥ ᐱᓇᓱᐊᖃᑎᐅᔪᐃᑦ ᖃᓄᐃᓗᕐᑎᐅᒋᐊᖃᕐᓂᖅᒋᓐᓂᑦ ᐱᑦᓯᐊᓯᒪᓂᕐᓴᓂᒃ ᖃᓄᐃᓗᕈᑎᑦᓴᖅᖃᕐᓂᓴᐅᓚᕿᓗᑎᒃ.

ᓄᓇᕗᒻᒥ ᐃᓗᓯᓕᕆᔨᒃᑯᑦ ᐱᓇᓱᐊᖃᑎᒥᓂᒃ ᐃᓘᓐᓇᕐᒥᓐᓂᒃ ᑐᓴᐅᒪᖃᑎᖏᓐᓇᓱᐊᓲᑦ, ᑕᒥᓐᓂᑦ ᓄᓇᓕᒻᒥ ᓄᓇᕗᓕᒫᒥᓐᓗ, ᑕᒪᓐᓇᓗ ᐱᔭᕇᐊᑭᓐᓕᑎᕆᓯᒪᓐᓕᕆᔨᖅᑐᓯᑦᓯᓂ ᑲᓯᓐᓯᒪᒍᑎᖃᑦᓯᐊᑐᓂᒃ ᖃᐅᔨᑦᓕᒍᓯᖅᓂᒃ ᐅᐃᒪᓇᖅᓯᓯᒪᔪᓂᒃ ᓱᔪᖃᖅᑎᓗᒍ. ■

ᓴᕿᔪᓕᕆᔪᑦ ᖃᓄᐃᓕᖓᓕᕐᓂᖓ

ᓄᓇᕕᒻᒥᐃᓗᓯᓕᕆᓂᕐᒧᑦᑲᑎᒪᔨᑦᑮᓇᐅᔭᖃᕐᑎᓯᓱᒍᒻᒪᑕᓴᕿᔪᓕᕆᓂᕐᒥᒃᐱᓇᓱᐊᕐᑐᓂᒃᐊᒻᒪᓗᑲᒪᔨᒻᒪᕆᐊᐅᓚᑦᓯᓱᓂᐱᓇᓱᐊᕐᑕᐅᓂᖓᓂᒃ, ᐅᑯᐊᑕᒐᐅᓪᓗᒥᒧᑦᐱᓇᓱᐊᕐᑕᐅᔪᑦ

ᐳᕕᕐᓂᑐᒥ - ᐆᑦᑐᕋᕐᕕᐅᒋᐊᖕᖕᒐᓚᖓᔪᖅ ᓄᓇᓕᐅᑦᓱᓂ

ᐊᒥᓱᐃᕐᓱᑎᒃ ᑲᑎᒪᔪᓕᕐᑐᑦ ᐳᐃᕐᓂᑐᒥ ᓱᕐᑎᒡᐱᓇ 2015-ᒥᓂᑦ, ᑲᑎᒪᔭᐅᔪᕐᑎᓗᒋᑦ ᑲᑎᒪᔨᖕᑯᑦ, ᐱᒍᑦᔨᐃᑦ, ᐊᑦᔨᑏᑦᑐᒥᒃ ᐱᓂᐊᕐᓂᖃᕐᐱᐅᒋᐊᖃᕐᓂᒍᑦ ᑲᑎᒪᔨᑦ, ᐊᑕᐅᓯᐅᑦᑎᑐᐃᓐᓗ. ᑲᑎᒪᓂᓕᒫᑦ ᑲᔪᓯᓂᖃᑦᓯᖃᐸᑦᑐᑦ ᓴᐳᑦᔨᓯᒪᑦᓯᐊᓯᑎᒃ ᓴᕿᔪᒥᒃ.

ᐃᐳᐊᓇ 29-ᒥ, ᓄᓇᓕᒻᒥᐅᑦ ᖃᐅᔨᒋᐊᕐᑐᐃᐅᓚᐅᔪᐳᑦ ᐊᑦᑎᓐᓗ ᖁᓕᓐᓗ ᑕᓐᓕᒪᓐᓗᐃᑦ ᑲᑎᒪᔪᓕᐊᕐᑎᓗᒋᑦ ᓈᓚᒋᐊᕐᑐᑐᑦ ᓴᕿᔪᓕᕆᔪᓂᒃ. ᐊᐱᕐᔫᑎᑦᓴᓕᒻᒪᓇᐅᓚᐅᔪᐳᑦ ᓴᕿᔪᖅ ᐱᓐᓗᒍ ᓴᐳᑦᔭᐅᓯᒪᑦᓯᐊᓯᓂᓗ ᐱᓇᓱᑦᑕᐅᓂᓇᒐᔭᑦᑕᖓ. ᖃᐅᔨᒪᔭᐅᖁᔭᐳᑦ ᐊᒥᓱᒻᒪᑕ ᑕᒪᓐᓇ ᐱᓐᓗᒍ ᑐᓴᐅᒪᔭᐅᒋᐊᓖᑦ ᑲᑎᒪᔪᓐᑐᐃᓗ ᐃᓚᐅᑦᓯᐊᖃᑦᑕᓚᐅᔪᑦᓯᑎᒃ.

ᓴᕿᔪᓕᕆᔪᑦ ᓄᓇᓕᒻᒥ ᐃᑲᔪᑦᓯᒪᔭᐅᐃᑦᓴᒥᒃ ᓄᐃᑦᓯᒍᒪᓯᒪᔭᑦ. "ᓄᐃᑕᐅᑦᓴᐸᖅ" ᓄᓇᓕᒻᒥ ᑭᖕᖕᒍᒪᒋᔭᐅᔪᑦ ᕿᓄᒍᑕᐅᓯᒪᔪᐃᓐᓗ ᑐᖕᖕᒐᐱᐅᒐᔭᖕᑐᑦ. ᐳᐃᒍᑦᑕᐅᒋᐊᖃᖕᖕᒋᓚᖅ ᓴᕿᔫᑦ ᐱᓇᓱᑦᑕᐅᓂᖓ ᐊᓯᑦᔨᓚᖓᖕᖕᒋᒪᑦ ᑲᔪᓯᑎᑕᐅᑦᓯᐊᓕᓈᖕᑐᓂᒃ ᓄᐃᑕᑎᓴᐅᓕᓈᖕᑐᓂᓐᓗᓂᑦ. ᑭᓯᐊᓂᓕ ᐊᑕᐅᓯᐅᓚᕿᖕᖓᑎᑦᓯᒍᑎᐅᓚᖓᖅ ᑲᔪᓯᓕᓈᖕᑐᓂᒃ ᑲᑐᑦᔨᖃᑎᒌᒍᑕᐅᖓᓂᓗ ᐃᓕᒃᑯᑎᖕᖓᕈᒃᓂᑎᓐᓗᒋᑦ ᐱᓇᓱᐊᕐᑐᑦ (ᐃᓕᒃᑯᑎᖕᓱᑎᒃ ᐱᓇᓱᓂᖃᖕᖓᑕ ᑕᒪᑕᒪ).

ᐊᕿᓕᖕᑕᐅᖃᑦᑕᕈᓐᓂᓗᑎᒃ ᐃᑲᔪᖕᑎᓴᑦ ᓄᐃᑕᐅᒪᓯᐊᖕᑐᑦ. ᑕᒪᑕᒪ ᑕᓐᓕᒪᐅᔭᑦ ᓄᓇᓕᒻᒥᐅᑦ ᐃᓚᐅᒍᒪᒪᔭᖕᑐᑦ ᐃᒥᓕᖕᒪᒪᔭᖕᖑᒫᓚᔨᐅᓗᑎᒃ. ᐅᖃᐅᓯᑦᓴᖃᕈᑎᒃ ᐅᖃᖃᑦᑕᓗᑎᒃ. ᐊᓯᖕᒋᓐᓂᓗ ᓯᓂᑦ ᐱᓇᓱᐊᕐᑕᐅᒋᐊᖃᖕᖓᒪᖕᒪᒫᑕ. ᑕᒪᓐᓇ ᐊᓐᓗᓇᐊᕐᓂᓯᐊᒍᔭᖅ ᖃᐅᔨᒍᑎᐅᒪᒥ ᐃᓄᐃᑦ ᑲᒪᑦᓯᐊᕈᒪᓂᖕᒋᓐᓂᒃ ᐊᓯᑦᔨᒋᐊᕈᒪᓂᖕᒋᓐᓂᓗ. ᐳᐃᕐᓂᑐᒥ ᑲᑎᒪᓂᖃᕈᒪᔪᖃᕐᓯᒪᔪᖅ "ᐸᕐᓇᓯᒪᐅᑎᓕᓇᔨᑦ" ᑲᑎᒪᓂᓇᓱᖕᒪᑕ ᑐᕿᐊᒍᕐᑐᒥᒃ.

ᐊᒻᒪᓗ, ᓴᕿᔪᖅ ᐃᑲᔪᕐᓯᒍᑕᐅᖁᔭᐅᓯᒪᒻᒥᔪᖅ ᐊᓇᕐᕋᖃᖕᖕᒋᑐᑦ ᐊᓇᕐᕋᓴᖕᖓᓂᒃ ᐅᖁᐃᑕᐅᒪᔭᕐᑐᒥᒃ ᐅᖕᑑᐱᓇᒥ (ᐅᖕᓗᖕᖓ ᖃᐅᔨᒪᔭᐅᕋᑕᖕᖕᒋᑐᖅ). ᑕᒪᖕᓇ ᕿᓄᒍᑎᐅᓯᒪᔪᖅ ᒃᐃᑯᖕᑕᑎᑦᓯᒋᐊᕈᑎᑦᓴᑦ ᖃᐅᔨᒪᑎᑦᓯᒍᑎᑦᓴᓗ ᐱᓇᓱᐊᕐᑕᐅᓂᖕᒋᖕᓂᒃᒃ ᐊᑕᐅᑦᓯᑰᑎᓯᔨᒍᑦ ᒥᓇ ᐆᖕᒍᑦ.

ᐱᒋᐊᑦᓯᐊᖅ ᐱᓇᓱᑦᑕᐅᓂᖓᓂᒃ ᐱᓇᓱᐊᕐᑐᑦ, ᐅᖕᖓᓗᒻᒥᑦ ᑮᓇᐅᔭᖃᖕᑎᑕᐅᔪᑦ, ᐱᓇᓱᖃᑎᒋᔭᐅᓛᕐᑐᑦ ᓴᕿᔪᓕᕆᔨᓄᑦ ᐊᑦᔨᑏᒥᒃ ᑐᕋᒪᖃᕋᑦᑕ.

ᐱᓇᓱᖃᑎᑏᑦᑐᑦ ᐃᒥᓕᖕᒪᔪᑦᓴᐅᖁᔫᒫᓚᒍᑎᑦᓴᓕᐅᕐᓯᒪᔪᑦ ᑐᖕᖕᒐᐱᖃᕐᓯᑎᒃ ᐸᕐᓂᑕᐅᓯᒪᔪᓂᒃ ᑭᖕᒍᓂᖕᒐᒍᓐᓗ ᖃᐅᔨᓴᕐᑕᐅᒍᑎᑦᓴᖕᒋᖕᓂᒃ ᐳᐃᕐᓂᑐᒥ. ᑖᖁᐊ ᐃᒥᓕᖕᒪᔪᑦᓴᐅᖁᔫᒫᓚᒍᑎᑦᓴᓕᐅᒍᓯᒪᔪᑦ ᖃᐅᔨᒪᒍᑎᐅᖕᑦ ᐱᔭᑦᓴᖃᓕᓇᓐᓂᖕᒐᓂᒃ ᐳᐃᕐᓂᑐᒥ.

ᐱᓇᓱᖃᑎᑏᒍᑎᓐᑦ

ᐱᖕᒐᓯᐃᒍᐳᑦ ᐱᓇᓱᖃᑎᑏᒍᑎᓐᑦ ᑕᕐᕿᓂ ᐊᓂᒍᕐᑐᓂ ᐱᓇᓱᐊᕐᑐᒪᓇᐅᔪᕐᑐᑦ. ᑲᑎᒪᖃᑎᑏᑦᐸᓯᑎᒃ, ᓴᕿᔪᓕᕆᔪᑦ ᑐᓴᕐᑎᑕᐅᓯᒪᔪᒻᒥᑎᓐᓗᒋᑦ ᖃᓄᐃᓕᖕᒐᓕᕐᒪᖕᒐᑕ ᐱᓇᓱᖃᑎᑏᒍᑎᓐᑦ.

ᐱᓇᓱᖃᑎᑏᒍᑎᓐᑦ ᐊᑐᓂ ᐊᑦᔨᑏᖕᖕᒋᑐᓂᒃ ᐱᔭᑦᓴᖃᓱᑦ, ᑐᕋᒪᓐᑦ ᓱᒪᑦᓴᖃᕐᑎᓯᒍᑎᑦᓴᖃᕐᓯᑎᓐᓗ ᓴᕿᔪᓕᕆᔪᓄᑦ ᐱᓇᓱᐊᕐᑕᐅᒋᐊᓕᖕᓃᑐᓂᒃ. ᐁᓇᓕ 29-ᒥᓂᑦ, ᐊᒥᓱᓂᕐᓴᑦ ᐱᒋᐊᕐᑎᑕᐅᓯᒪᓕᕐᑐᑦ (29-ᒍᒻᒪᑕ ᐱᔭᑦᓴᑖᓇᔭᐅᓯᒪᔪᑦ, 6 ᐸᕐᓂᑕᐅᖕᒋᖕᓈᑐᑦ, 15 ᐱᒋᐊᕐᑎᑕᐅᓯᒪᔪᑦ, 550%-ᖕᒋᑦ ᐅᖕᒐᑖᓄᕐᑐᐃᓗᖕᓃᑦ ᐱᒋᐊᕐᑎᑕᐅᓯᒪᔪᑦ, ᐊᒻᒪᓗ 3 ᓱᓇᒥᑦᑐᒥᒃ 100%-ᒥᒃ ᐱᔭᕇᕐᑕᐅᓯᒪᔪᕐ).

ᑐᑭᑖᕐᑐᐃᓃᑦ "ᓂᕈᐊᕈᖕᓇᖕᒋᑦᑐᓂᒃ" ᑲᑎᒪᔨᓕᐅᓚᖓᓗᑎᒃ ᐱᖕᓂᓗᑕᐅᔪᑦ ᐃᓚᖕᒋᖕᓂᒃ

ᑐᑭᖅᑕᐅᒍᑎᑦᓴᓯᐅᖅᑎᓴᐅᓗᑎᖅ. ᑲᑎᒪᔨᑦ ᑲᑎᖕᑲᑦᑕᕋᔭᖅᑎᓗᒋᑦ ᑭᖕᖕᒎᒪᒋᔭᐅᓕᕈᑎᖅ. ᑎᒍᔭᐅᒪᔪᖕᑲᖕᑎᓗᒍ. ᐅᖕᑲᓕᐅᑎᖅᑯᓗᖕᓃᑦ. ᐅᖕᑲᐅᓯᐅᒍᓐᓇᕋᔭᒥᑎᑦᓗᒍ - ᐃᓗᐃᖅᑕᐅᔪᖕᑲᓇᐊᖕᑲᖕᐸᑦ ᑎᒍᔭᐅᒪᔪᖕᑲᖕᑎᓗᒍ. ᑭᓇᖕᑯᓄᑦ ᐊᑐᐃᓐᓇᕈᖕᑕᐅᒪᔭᖕᖕᑲ ᐊᑭᓕᖕᑕᐅᓗᓂᓗ ᖕᑲᖕᒪᑦᑕᐅᑎᑦᓴᖕᒪ ᐊᖕᐃᑕᐅᑎᑦᓴᓄᓕᖕᒪᔪᐃᓐᓗ. ᐃᓕᐅᒪᔭᖕᑐᑦ ᓴᖕᑭᔪᓕᓇᔪᑦ. ᒪᑭᓐᐃᒃ ᐊᒻᒪᓗ ᓄᓇᐃᒻᒥ ᐃᓗᓯᓕᓇᓂᖕᒍᑦ ᑲᑎᒪᔨᑦ.

ᐊᐅᓕᑦᓯᒍᓯᓕᓇᔨᑦ

ᐊᐅᓕᑦᓯᒍᓯᓕᓇᔨᑦ. ᐱᓯᒪᔪᑦ ᑐᖕᑲᑦᑕᐃᑯᓐᓂᑦ ᐃᓄᓕᓇᓂᖕᒍᑦ. ᑲᒪᔨᒻᒪᓇᖕᒪ ᓄᓇᐃᒻᒥ ᐃᓗᓯᓕᓇᓂᖕᒍᑦ ᑲᑎᒪᔨᑦ. ᑲᑎᐃᒃ ᓄᓇᓕᓕᒫᑦ ᑲᕝᒪᖕᒪᓂᑦ. ᒪᑭᓐᐃᒥᑦ. ᑐᖕᑲᑦᑕᐃᖕᒪᓂᑦ ᓇᐅᓕᒫᑦ ᐊᑦᑕᓐᑐᒥᒋᐊᖕᑲᖕᓂᖕᒪᑦ. ᑐᖕᑲᑦᑕᐃᖕᒪᓂᓗ ᐊᑦᔨᒋᑦᑐᒥᒃ ᐱᓂᐊᖕᓂᖕᑲᖕᐃᐅᖕᑲᑦᑕᓇᐊᖕᑲᖕᓂᒍᑦ ᑲᑎᒪᓂᖕᑲᖕᓯᒪᔪᑦ ᒪᖕᑭᐃᖕᓯᑎᒃ 2016-ᒥ. ᓯᕗᓕᒥ ᐃᓄᔪᐊᒋᑦᓯᑎᒃ. ᓴᖕᑭᔪᓕᓇᔪᓂᒃ ᐅᖕᑲᔪᖕᑲᖕᑎᓗᒍ. ᐱᓇᓯᖕᑲᑎᒋᒍᑎᖕᑲᖕᑐᓕᓇᔪᓂᖕᓗ. ᐊᒻᒪᓗ ᑮᓇᐅᔭᑦ ᑐᕋᒪᖕᒋᖕᓂᒃ.

ᑕᑯᓂ ᑲᑎᒪᓂᖕᒥ. ᐊᐱᖕᓯᑐᖕᑲᓕᐅᔪᕗᖅ. ᑐᖕᑲᑦᑕᐃᑦ. ᓴᖕᑭᔪᓕᓇᔪᓂᒃ ᑮᓇᐅᔭᖕᑲᖕᑎᓯᒍᒪᒪᔭᖕᒪᖕᒫᑕ. ᑐᖕᑲᑦᑕᐃᒃ ᐃᓗᓯᓕᓇᓂᖕᒍᑦ ᐃᓄᓕᓇᓂᖕᒍᓗ ᐱᒍᑦᔨᐅᑎᓂᒃ ᐊᐱᖕᓯᓕᐅᔪᕗᖅ ᑕᑯᒍᓐᓇᒪᖕᒫᒥ ᐊᓐᓕᖕᑯᑎᓂᒃ ᖕᑲᐅᔨᒍᑎᑦᓴᒥᓂᒃ "ᓴᓂᖕᐯᓯᒪᔪᐃᓂᐅᑦᓴᐸᑕ ᑮᓇᐅᔭᓂᒃ ᑯᐯᒻᒥ ᐃᓗᓯᓕᓇᓂᖕᒍᑦ ᐱᒍᑦᔨᓂᖕᓄᑦ ᑐᖕᑲᑦᑕᐃᑯᑦ ᐊᓯᖕᒋᑦᓗ ᐱᒍᑦᔨᐃᐅᔪᑦ." ᑖᖕᑯᐊ ᐊᓐᓕᖕᑯᑏᑦ ᒪᓂᔭᐃᓃᑦ ᐊᐅᓕᑦᓯᒍᓯᓕᓇᔨᓄᑦ 7 3-ᒥ.

ᑮᓇᐅᔭᓕᓇᓂᖅ

ᑮᓇᐅᔭᓕᓇᓂᖅ ᐊᒥᓱᐃᓕᖕᑭᖕᒪᕝᕕᖅ ᐊᒥᓱᑦ ᐱᓇᓱᐊᖕᑕᐅᔪᑦᓴᑦ ᓴᖕᑭᔪᓕᓇᔨᑎᒍᖕᖕᒪᑕ. ᐃᓕᐅᒻᒥᑎᑦᓗᒍ ᓄᑖᖅ ᒪᒥᓴᖕᐱᐅᒪᔭᖕᑐᖅ: ᐃᑲᔪᖕᑕᐅᐃᖕᓴᓗ ᐳᐃᖕᓂᑐᒥ ᑲᖕᒋᖕᓯᒥᑦᓗ: ᐊᒥᓱᐃᑦᓗ ᐱᒥᐅᔭᓴᐅᓃᑦ (ᐃᓕᐅᒻᒥᑎᑦᓗᒋᑦ ᐃᓕᖕᑯᓯᒋᒥᒃ ᑲᖕᑮᓯᑦᑎᓯᒋᐊᕈᑎᑦᓴᑦ. ᐅᐃᓇᓯᒪᐅᑎᓕᓇᒍᒋᑦᓗ) ᐱᒥᐅᖕᓴᓴᐅᒍᑎᖕᒋᑦ ᐅᖕᑲᐃᖕᓴᐅᒍᓐᓇᑐᑦ ᐃᑲᔪᖕᑕᐅᐃᖕᓄᑦ ᐃᓕᐅᔪᑦ. ᓴᖕᑭᔪᓕᓇᖕᑲᑕᐅᔪᑦ. ᐊᑦᔨᑦᑐᒥᒃ ᐱᓂᐊᖕᓂᖕᑲᖕᓂᓕᓇᔨᑦ: ᐱᒍᑦᔨᐅᑏᑦ ᐱᐅᓯᒥᐊᖕᑕᐅᒍᑎᑦᓴᖕᒋᖕᓂᒃ - ᐅᑦᑐᕋᐅᑎᒥᑦᓯᒥᑦ ᑲᒪᔨᑦ ᐅᓄᖕᓯᒥᐊᖕᑕᐅᒥᐊᖕᑲᖕᓂᖕᒋᑦ: ᓄᑕᐅᓯᓕᖕᑕᐅᓂᖕᒋᑦ ᐱᒍᑦᔨᐅᑏᑦ ᓯᖕᑭᓂᖕᒥ ᒪᒥᓴᖕᐱᓂ: ᐊᒻᒪᓗ ᓄᐃᑕᐅᓂᖕᒪ "ᐊᓯᐊᒍᖕᒪᖕᑐᒍᑦ ᒪᒥᓴᖕᑎᓯᒍᑏᑦ. ᐅᑦᑐᕋᐅᑎᒥᑦᓯᒍ ᒪᒥᓴᖕᑎᓯᔨᑖᖕᓂᖅ ᐊᖕᐃᑕᖕᑐᓴᓂᒃ.

ᓴᖕᑭᔪᓕᓇᔪᑦ ᐊᑕᐅᑦᓯᒍᖕᑎᑕᐅᓂᖕᒪ ᑮᓇᐅᔭᖕᑲᖕᑎᑕᐅᔪᖅ ᐅᖕᒪᓗᖕᑯᓂᑐᐊᖅ. ᐊᐅᓕᑕᐅᓂᖕᑲᖕᑎᓗᒋᑦ ᑮᓇᐅᔭᑦ ᓄᓇᐃᒻᒥ ᐃᓗᓯᓕᓇᓂᖕᒍᑦ ᑲᑎᒪᔨᓄᑦ. ᓯᕗᓂᒥ. ᓴᖕᑭᔪᖅ ᐱᓇᓱᖕᐃᐅᔪᒍᑦ ᓇᓕᐊᓄᑦ ᓇᒻᒥᓂᖕᑖᓇᔭᐅᒍᓇᐅᔪᖕᒪᓗᐊᖅ. ᓄᓇᓕᓕᒫᓂ ᐱᓇᓱᖕᑲᑎᒋᒍᑎᓐᑦ ᑲᒪᒥᔭᑦᓴᓕᐅᒪᓗᐊᑦ. ᑭᓯᐊᓂ ᐃᓕᑕᓇᔭᐅᓂᖕᑲᕋᑎᖕ ᐱᓇᓱᖕᑲᑎᒋᒍᑎᓕᐊᒍᓯᒪᖕᒪᑕ ᓄᓇᐃᒻᒥ ᐃᓗᓯᓕᓇᓂᖕᒍᑦ ᑲᑎᒪᔨᑦ ᑕᒪᑐᒥᖕᒪ ᑲᒪᒥᔭᑦᓴᖕᑲᖕᐸᑦ. ᓴᖕᑭᔪᓕᓇᔨᑎᒍᖕᑐᑦ ᐱᓇᓱᑦᑕᐅᔪᑦᓴᑦ ᐃᓕᖕᒋᑦ ᑮᓇᐅᔭᖕᑲᖕᑎᑕᐅᒍᓐᓇᕋᓗᐊᖕᒥᔪᑦ ᐅᖕᒪᓗᖕᒥᑦ. ᑭᓯᐊᓂ ᑐᑭᖅᑕᐅᒥᐊᖕᑲᖕᐳᖅ ᓴᖕᑭᔪᓕᓇᔪᑦ ᓯᓇᓂᒃ ᑲᒪᒥᔭᑦᓴᖕᑲᖕᒪᖕᒫᑕ. ᐅᖕᒪᓗᖕᒥᑦ ᑮᓇᐅᔭᖕᑲᖕᑎᑕᐅᒍᓐᓇᓕᒫᓕᖕᒪᖕᖕᒋᒪᑕ ᓴᖕᑭᔪᓕᓇᔪᑦ ᐊᑕᐅᑦᓯᒍᖕᑎᑕᐅᓂᖕᒪ.

ᓴᖕᑭᔪᓕᓇᔪᑦ ᑐᒃᓯᕋᐅᑎᓕᐅᖕᓯᒪᔭᑦ ᒪᖕᑭᐃᓂᒃ ᑐᒃᓯᕋᖕᐃᖕᑲᖕᓯᑎᒃ ᑮᓇᐅᔭᖕᑐᑭᑎᑦᓴᓇᐊᖕᓕᓂᒃ:

- ᐊᓐᑎᐊᓇᐅᒥ ᐱᖕᑯᔭᓕᓇᓂᖕᒍᑦ ᑮᓇᐅᔭᖕᑲᖕᑎᓯᔨᓂᑦ (ᑐᒃᓯᕋᐅᑎᓕᐅᑭᑎᖕᑦ ᑐᖕᒪᓕᐊᓃᑦᑐᓂᒃ ᐱᓇᓱᐊᖕᑕᔭᑦ ᑕᒪᑕᒪ. ᔫᓂᒥ ᖕᑲᓄᐃᓕᖕᒪᓕᖕᒪᖕᒫᑕ ᑐᓴᖕᑎᓯᒍᑎᖕᑲᑭᓇᐅᔪᒍᑦ. ᐊᑭᓐᓂᒍᑎᑦᓴᓂᒃ ᑭᖕᒍᓂᖕᒪᒍᑦ ᖕᑲᓄᐃᓕᖕᒪᓕᖕᒪᖕᒫᑕ ᖕᑲᐅᔨᓴᑭᑎᑦᓴᓂᒃ. ᐊᓯᖕᒋᓐᓂᓗ ᐱᖕᑯᔭᓕᓇᓂᖕᓄᓕᖕᒪᓂᖕᓴᓂᒃ) ($70,000.00)
- ᓇᐅᓕᒫᓂᒃ ᐊᑦᑕᓇᓯᑎᑦᓯᒌᓕᔨᖕᒋᓐᓂᑦ ᑲᓇᑕᒥ ᑯᐯᖕᑯᑦ ᐊᒻᒪᓗ ᓄᓇᕗᖕᒥ ᓴ ᑲᕝᒪᖕᒪᑦ ᑲᓇᑕᒥ. ᑮᓇᐅᔭᑦ ᖕᑭᓄᒍᑎᐅᔪᑦ ᐳᐃᖕᓂᑐᒥ ᐃᑲᔪᖕᓯᒪᔪᑦᓴᓂᒃ ᓄᐃᑦᓯᒍᑎᑦᓴᐅᒪᔭᖕᑐᑦ. ᑲᓇᑕᒥ. ᑮᓇᐅᔭᑦ ᖕᑭᓄᒍᑎᐅᔪᑦ ᐳᐃᖕᓂᑐᒥ ᐃᑲᔪᖕᓯᒪᔪᑦᓴᓂᒃ ᓄᐃᑦᓯᒍᑎᑦᓴᐅᒪᔭᖕᑐᑦ. ᐊᖕᓴᒍᓄᑦ ᐱᖕᒪᓯᓕᖕᒪᓗᑎᒃ. ᑐᓴᖕᐃᒥᓛᖕᑐᓴᓇᔭᖕᑐᑦ ᐊᖕᒋᑭᑕᐅᓐᓂᐸᑕ ᐃᒫᖕᖕᓇᔭᐅᒍᑎᒥᒍᑦᑎᒥᓐᓗ ᐊᖕᖕᒍᒍᓄᑦ ᐱᖕᒪᓯᓕᖕᒪᓗᑎᒃ. ᑐᓴᖕᐃᒥᓛᖕᑐᓴᓇᔭᖕᑐᑦ ᐊᖕᒋᑭᑕᐅᓐᓂᐸᑕ ᐃᒫᖕᖕᓇᔭᐅᒍᑎᒥᒍᑦᑎᒥᓐᓗ ᐱᑕᖕᓕᐊᒍᑎᒥᓛᖕᑐᒥᑦ ᔫᓂᐅᑦ ᐱᒥᐊᖕᓂᖕᒪᓂ ($274,393.00).
- ᐊᖕᖕᒍᒍᖕᒥ 2015-ᒥ. ᑐᑭᓯᑎᑦᓯᒍᑏᑦ ᓯᖕᖕᑯᐃᑕᐅᓯᒪᔪᓂᒃ ᑮᓇᐅᔭᖕᑲᖕᑎᑕᐅᒍᑎᓂᒃ.

ᐃᒫᖅᓱᓚᒍᑎᐅᓯᒪᔪᑦ ᐱᓇᓱᐊᖅᑕᐅᒍᒪᓕᖅᒥᔪᓂᒃ ᑲᑐᑦᔨᓱᑎᓪᓗ ᖃᐅᔨᓴᖅᑐᑦ ᐱᓇᓱᐊᖅᑕᖅᒋᑦ

ᐁᓇᓕ 2015-ᒥ

Mylène Jaccoud, Médiation sans frontière

ᖃᒥᖅᑭᔭᐅᓯᓚᐅᔪᖅᑐᖅ ᖃᐅᓯᓴᖅᑲᑎᑮᖅᑐᓄᑦ ᑲᔪᓯᑎᑕᐅᓂᖅᓴᖅᒪ ᓴᖅᑭᔪᓕᓇᔪᑦ ᐃᑲᔪᖅᓯᒪᔭᖅᑐᐃᓗ ᓇᓪᓕᐊᒍᒪᔭᖅᒪᖔᑕ ᓯᑦᑎᒃᐱᓇ 2015-ᒥ ᐳᐱᖅᓂᑐᒥ ᑕᓪᓕᒣᓂᒃ ᐅᖃᐅᓯᑦᓴᑖᖅᐊᐅᓯᓂ:

1. ᓴᖅᑭᔪᓕᓇᔪᓄᑦ ᑲᔪᓯᑎᑕᐅᓗᑎᒃ ᐱᓇᓱᐊᖅᑕᐅᒥᐊᓐᑦ **ᓯᕗᓕᖅᑎᖅᑲᓯᖅᑲᕈᑕᐅᒥᐊᖅᑲᖅᐳᑦ ᐃᓚᐅᒍᑎᐅᑦᓯᐊᓗᑎᓪᓗ** ᓄᓇᓕᓪᓂ ᐆᑦᑐᕋᖅᐱᐅᔪᓂ. ᑕᒪᑕᒪ ᓯᕗᓕᖅᑕᐅᓂᖅᒪ ᑕᑯᑦᓴᐅᓗᑐᕋᑕᖅᖅᒥᒪᒃ.

2. ᓴᖅᑭᔪᓕᓇᔪᑦ **ᐱᓇᓱᖅᑲᑎᑮᑦᓯᐊᓇᐊᖅᑲᖅᐳᑦ** ᐊᑦᔨᑮᖅᖅᒥᑐᓄᑦ ᐃᑲᔪᖅᓯᓴᐅᓗᑎᒃ ᓄᓇᓕᓂᓪᓗ ᐱᒍᑦᔨᐱᓪᓄᑦ ᐃᑲᔪᖅᓯᓴᐅᓗᑎᒃ. ᐳᐱᖅᓂᑐᒥ ᐊᑕᐅᑦᓯᑰᖅᓗᑎᒃ ᐱᓇᓱᖅᑲᑎᑮᒥᐊᖅᑲᖅᐳᑦ:

3. ᐊᒥᓲᓂᖅᓴᖅᑦ ᐱᓇᓱᑦᑏᑦ ᐳᐱᖅᓂᑐᒥ ᓄᓇᓕᒻᒥ ᐱᒍᑦᔨᐱᐅᔪᓂ **ᓯᕗᓕᐅᔨᒪᑦᓴᐅᓂᖅᓚᐅᔪᕗᑦ ᐅᐱᒪᖅᑐᓂᒃ.** ᐃᓚᖅᒥᑦ ᖃᐅᔨᒪᓚᐅᔪᕗᑦ ᐃᓄᐃᑦ ᐱᒃᒪᓇᖅᑯᑎᖅᒥᑦ ᐃᑲᔪᖅᓯᒍᑎᐅᒍᓐᓇᑎᓪᓗᒥᑦ ᒪᒥᖅᓴᒍᑎᐅᒍᓐᓇᓯᑎᓪᓗ ᐃᓄᒃᒥᒃ. ᖃᑦᓯᑐᐃᓐᓇᓂᒃ ᐅᑭᐅᖅᖃᑦᑕ. ᐅᓪᓗᒥ ᐅᐱᒪᖅᓂᓴᓂᒃ ᐃᑲᔪᖅᓯᒍᑎᐅᓲᒍᒍᓐᓂᑎᓪᓗᒍ ᑕᒪᓐᓇ. ᖃᓄᒍᑎᐅᓂᖅᑯᖅ ᐅᓪᓗᒥ ᐅᐱᒪᖅᑐᐃᑦ ᐃᓅᓯᓇᓕᖅᑕᖅᒪᓅᓕᖅᒪᑎᑕᐅᖅᓴᖅᐅᑎᓪᓗᒥᑦ ᐃᑲᔪᖅᑕᐅᒍᑎᑦᓴᖅᒥᒃ. ᑭᓯᐊᓂᓕ. ᑐᑭᓯᒪᔭᐅᖅᖅᒥᑐᑦ ᓯᓇᒥᒃ ᑭᖅᖅᒍᒪᑦᓯᒪᖅᒪᑦ ᓯᓇᓂᓪᓗ ᓯᕗᓂᖅᑲᑭᒪᒃᒪᖅᒪᑦ ᐅᐱᒪᖅᑐᐃᑦ.

4. **ᑮᓇᐅᔭᑎᒍᑦ ᐃᑲᔪᖅᑕᐅᒥᐊᓐᑦ** ᓴᖅᑭᔪᓕᓇᔪᑦ ᑲᔪᓯᑎᑕᐅᑦᓯᐊᕈᑎᑦᓴᖅᒥᖅᓂᒃ ᐱᓇᓱᐊᖅᑕᐅᒥᐊᓐᑦ:

5. **ᐃᓪᓗᖅᑲᓇᐊᖅᑲᖅᓂᖅ** ᐱᖅᓱᓗᑦᒪᓇᐅᖅᒥᖅᓈᖅᑯᖅ ᐊᒥᓱᓂᒃ ᑭᖅᒍᓂᖅᑲᕈᑕᐅᒍᖅᓇᓱᓂ: ᓄᓇᓕᒻᒥ ᐃᓅᓯᒃᑯᑦ ᐱᖅᓱᓗᑦᑲᖅᓂᒥᒃ. ᐱᓇᓱᖅᐱᓂ ᓄᖅᓚᖅᒪᑦᓯᐊᕈᖅᓇᖅᒥᑑᒍᑕᐅᑦᓯᓂ ᐱᓇᓱᑦᑎᖅᑲᓇᐊᖅᑲᖅᓂᓂᑯᑦ: ᑕᒪᑐᒪ ᐱᖅᓱᓗᑕᐅᓂᖅᒪ ᓯᖅᓱᓯᒪᔪᖅ ᐃᑲᔪᖅᑕᐅᐃᑦᓴᖅᑲᓇᐊᖅᑲᖅᓂᖅᒪᓂᒃ ᐳᐱᖅᓂᑐᒥᐅᑦ. ᓴᖅᑭᔪᓕᓇᔪᑦ ᐃᖅᓱᖅᑲᓇᐊᖅᑲᖅᓂᒥᒃ ᖃᓄᐃᓕᒍᑎᖅᑲᕈᖅᓇᖅᒥᒃᑲᓱᐊᖅᐸᑕ. ᖃᐅᔨᒪᔭᐅᒥᐊᖅᑲᖅᐳᖅ ᓯᖅᓱᓯᒪᒻᒪᑦ ᓴᖅᑭᔪᓕᓇᔪᑦ ᖃᓄᖅᑑᕈᑎᖅᑲᕋᓯᐊᖅᓂᖅᒥᖅᓂᒃ ᓄᓇᓕᒻᒥ ᓯᕗᖅᓕᐸᒥᒃ ᑑᑦᑐᕋᖅᐱᒥᔭᒥᑕ ᖃᓄᐃᓕᖅᒪᓂᓇᔭᖅᒪᓂᒃ.

ᑕᑦᐱᑯᓇᖅᖅᒪᑦ ᑕᖅᓕᒪᓂᑦ ᐅᖃᐅᓯᐅᓯᒪᔪᓂᑦ ᐱᑦᓯᒥᑦ, ᐱᖅᒪᓲᔪᖅᑐᑦ ᐱᓇᓱᐊᖅᑕᐅᖅᓯᔨᓚᖅᒪᔭᕗᑦ ᑕᖅᑭᐅᓚᖅᒪᔪᓂ ᑕᒪ:

ᓯᕗᖅᓕᖅᑮᓂᑦ ᐅᖃᐅᓯᐅᓯᒪᔪᓂᑦ

1. ᐱᓇᓱᐊᖅᓗᑕ ᓄᓇᓕᒻᒥᑦ ᓯᕗᓕᖅᑕᐅᒍᖅᓇᓂᖅᒪᓂᒃ ᐃᓚᐅᑎᑕᐅᑦᓯᐊᓇᐊᖅᑲᖅᓂᖅᒥᖅᓂᓗ ᐳᐱᖅᓂᑐᖅᒥᐅᑦ ᐊᑦᔨᑮᖅᖅᒥᑐᓄᑦ ᓯᒪᑦᓴᖅᑲᖅᑎᓯᒍᑎᐅᔪᓄᑦ ᓴᖅᑭᔪᓕᓇᔪᓅᓕᖅᒪᔪᓄᑦ. ᑲᔪᓯᑎᑕᐅᒥᐊᖅᖅᒥᓂᖅᒪᓂ ᐃᑲᔪᖅᑕᐅᐃᑦᓴᖅᑐᒃ;

ᑐᖅᒪᓕᖅᒥᖅᓂᑦ ᐅᖃᐅᓯᐅᓯᒪᔪᓂᑦ

2. ᐃᓂᓪᓕᑎᓇᑮᑦᓯᐊᓗᑕ ᓄᓇᓖᖅᓂ ᒪᖅᑮᓂ ᐆᑦᑐᕋᖅᐱᐅᓛᖅᑐᓂ;

3. ᐊᖅᓚᖅᑎᓕᐅᖅᓗᑕ ᐳᐱᖅᓂᑐᒥ ᐃᑲᔪᖅᑕᐅᐃᑦᓴᖅᓂᒃ ᐊᑐᐃᖅᓇᓇᔭᐅᔪᑦᓴᖅᓂᒃ ᐱᒍᑦᔨᐱᖅᓄᑦ ᐳᐱᖅᓂᑐᖅᒥᐅᓄᓪᓗ:

ᐱᖅᒪᔪᐃᖅᒥᖅᓂᑦ ᐅᖃᐅᓯᐅᓯᒪᔪᓂᑦ

4. ᖃᐅᔨᒥᐊᖅᐱᒥᓗᒥᑦ ᐳᐱᖅᓂᑐᖅᒥᐅᑦ, ᐅᐱᒪᖅᑐᐃᑦ ᐱᓗᐊᖅᑐᑦ, ᓯᓇᓂᒃ ᑭᖅᖅᒍᒪᑦᓯᒪᖅᒪᑎᑕ ᐅᐱᒪᖅᑐᐃᑦ ᓯᓇᒥᓪᓗ ᓯᕗᓂᑦᓴᖅᑲᕈᒪᒃᒪᖅᒪᑎᑕ;

ᓯᑕᒥᖅᒥᖅᓂᑦ ᐅᖃᐅᓯᐅᓯᒪᔪᓂᑦ

5. ᑮᓇᐅᔭᑎᒍᑦ ᐃᑲᔪᖅᓯᔪᑦᓴᓯᐅᖅᓗᑎᒃ ᐱᓇᓱᑦᑕᐅᔪᑦᓴᑦ ᑲᔪᓯᑎᑕᐅᒍᑎᑦᓴᖅᒥᖅᓂᒃ;

ᑕᓪᓕᒥᖅᒥᖅᓂᑦ ᐅᖃᐅᓯᐅᓯᒪᔪᓂᑦ

6. ᐱᒍᑦᔨᐱᓪᓄᑦ ᐊᑦᑐᐊᔭᐅᓂᖅᖃᖅᑐᓄᑦ ᐅᖃᒥᐊᖅᑐᖅᖃᑦᑕᓗᑎᒃ ᐃᑲᔪᖅᓯᔭᐅᒍᒪᒍᑦ ᕿᓪᓚᑐᐃᒍᑎᖅᑲᕈᒪᒍᓪᓗ ᐃᓪᓗᖅᑎᑕᐅᒥᐊᖅᖃᖅᓂᒥᒃ ᐳᐱᖅᓂᑐᒥ.

ᐱᓇᓱᐊᑦᑕᐅᑕᐅᓐᑦ	ᓯᒪᑦᓴᒃᑲᑦᑎᓯᒍᑎᑦᓴᐅᒪᔭᒃᑐᑦ	Objectives and potential spinoffs
ᓄᓇᓕᒻᒥᑦ ᓯᕗᓕᒃᑕᐅᒍᓐᓇᓂᖓ	a) ᐊᑐᐃᓐᓇᕈᑦᑎᓇᓂᖅ ᑲᑎᒪᓂᒻᒥᑦ ᑲᔪᓯᑎᓗᒍᓗ ᐳᐱᓂᑐᒥ ᐱᓇᓱᐟᐃᓂᑦ ᐱᒍᑦᓱᐃᓐᓂᓗ ᑭᒃᒐᑐᒃᑐᑦ ᑲᑎᒪᓂᖓᓂᒃ b) ᐱᓇᓱᐊᕐᓴᓕᐅᒃᓂᖅ ᒪᓕᒃᓗᒥᑦ ᓯᒪᑦᓴᒃᑲᒃᑎᓯᒍᑎᐃᓃᑦ ᐊᐊᑦ ᒦᑦᑐᑦ (ᐃᑲᔪᒃᑕᐅᐃᑦᓴᒥᒃ ᐱᒥᐊᒃᑎᓯᓂᐅᒍᓐᓇᑐᖅ) c) ᑲᑎᒪᓂᐊᕈᓱᑦ ᐃᓄᓐᓄᑦ ᐊᑐᐃᓐᓇᕈᒃᑎᓗᒥᑦ ᓄᓇᓕᒻᒥ ᐱᒍᑦᕈᐃᑦ ᐱᓇᓱᐟᐃᓗ ᓯᕗᓕᒃᑕᐅᒥᐊᒃᑲᒃᓂᖅᒥᐟᓄᑦ	◊ ᓇᒻᒥᓂᒃᑲᒃᓂᖅ ᑐᑭᓯᒪᓂᖅ ᓄᓇᓕᒻᒍᓕᖓᑎᑦᓯᓂᒃᓗ ᓴᒃᑭᓯᓕᓇᓂᒃᒥᒃ ᐳᐱᓂᑐᒥᐅᓄᓕᖓᓕᖓᑎᒃᓗᒍ; ◊ ᑐᓴᐅᒪᒃᑲᑎᑮᒍᑎᒃᑲᒃᓂᖅ ᐱᒍᑦᕈᐅᑎᓕᒫᑦ ᐱᓇᓱᐟᐃᓕᒫᓗ ᐊᐅᓚᒍᓱᒃᒥᐟᓂᒃ; ◊ ᓇᓗᓐᒃᓱᓂᖅ ᓄᓇᓕᒻᒥ ᑭᖅᖅᒍᒪᒥᖅᑐᐅᔪᓂᒃ ᒪᓱᒃᒃᑯᐃᓱᒃᓱᐊᓂᒃᓗ ᐃᑲᔪᒃᑕᐅᐃᑦᓴᖅ ᑭᖅᖅᒍᒪᒥᖅᑐᐅᓕᓇᒃᒪᖅᒪᒃᑦ); ◊ ᐱᓇᓱᒃᑲᑎᑮᐟᓂᒥᒃ ᐱᒃᓱᐊᓇᐊᒃᓱᐊᕈᑎᒃᑲᒃᓂᖅ ᐊᒃᒪᓗ ᐊᒃᓚᑕᐅᓱᒪᐅᑎᖅᒥᐟᓂᒃ ᑲᒪᒍᓱᑦ ᐊᒃᕿᓱᐃᒥᐊᒃᓱᐊᓂᖅ ᐱᒍᑦᕈᐅᑎᓂᒃ ᐱᓇᓱᒃᑲᑎᑮᐟᐃᓂ; ◊ ᑲᔪᓯᑎᒃᓱᓂᖅ ᓄᓇᓕᒻᒥ ᐊᑕᐅᒃᓱᑯᒃᑎᓯᔪᒃᓴᓂᒃ; ◊ ᐊᑕᐅᒃᓱᑯᒃᑎᓯᓂᖅ ᓄᓇᓕᒻᒥ ᐱᒍᑦᕈᐅᑏᑦ ᑲᔪᓯᑎᑕᐅᓂᖅᒥᐟᓂᒃ; ◊ ᐱᒃᓱᐊᓇᐊᒃᓱᐊᕈᑎᒃᑲᒃᓂᖅ ᐃᓄᐃᒃ ᐃᒃᒥᓂᒃ ᐊᐅᓚᒃᓱᒍᐟᓇᓂᖅᒪᓂᒃ; ◊ ᐊᑕᐅᒃᓱᑯᒃᑎᓯᓂᖅ ᓄᓇᓕᒻᒥ ᐱᒍᑦᕈᐅᑏᑦ ᑲᔪᓯᑎᑕᐅᓂᖅᒥᐟᓂᒃ.	
ᐃᓂᑦᓚᑎᓇᒦᑦᓯᐊᓂᖅ ᓄᓇᓖᒃᓂ ᐆᑦᑐᕋᒃᐊᐅᓛᒃᑑᓂ	a) ᐃᓂᑦᓚᑎᓇᒦᑦᓯᐊᓂᖅ ᐳᐱᓂᑐᒥ (ᐃᓯᒪᒥᓂᒃᑦᓇᓗᒥᑦ ᐊᒃᕈᒦᑦᑐᒥ ᐱᓂᐊᒃᓂᒃᑲᒃᐃᓕᓇᓂᖅ, ᐊᒃᑕᓂᑐᒦᒥᐊᒃᑲᒃᓂᓕᓇᓂᖅ ᒃᑲᓄᐃᖅᖅᒥᓯᐊᒃᓂᓕᓇᓂᒃᓗ ᐅᐊᒐᑐᐃᒃ ᖅᐳᒃᒥᕈᖅᒥᑦ) ᓇᓗᓐᒃᓗᒥᑦ ᐱᒍᑦᕈᐃᑦ ᑭᓇᒃᑯᓄᓕᖓᒃᒪᖅᒪᑕ; b) ᑲᖅᒥᒃᓱᖅ ᐃᓂᑦᓚᑎᑦᐸᓕᐊᒍᑎᒥᓗᒍ	◊ ᐃᑲᔪᒃᑕᐅᐃᑦᓴᓂᒃ ᓱᓇᒥᑦᑐᓂᒃ ᒃᑲᐅᕈᒪᒍᓐᓇᓱᓂᖅ ᐱᒍᑦᕈᐅᑏᑦᓗ ᓇᑦᓕᐊᒍᓂᖅᒥᐟᓂᒃ ᒃᑲᐅᕈᒪᒍᓐᓇᓱᓂᖅ; ◊ ᓇᓗᓐᒃᓱᓂᖅ ᑲᓱᒃᓱᒪᒍᑎᐅᖅᖅᒥᑐᓂᒃ.
ᐊᑦᓚᔪᑎᓕᐅᒃᓂᖅ ᐳᐱᒃᓂᑐᒥ ᐃᑲᔪᒃᑕᐅᐃᑦᓴᓂᒃ ᓄᑕᐅᓯᓕᒃᑐᓗᒥᑦᓗ	a) ᓇᓗᓐᒃᓗᒥᑦ ᐊᐅᓚᒃᓱᕈᑦᓴᑦ ᐊᑦᓚᔪᑎᓂᒃ (ᒃᑲᓄᐃᓕᖓᓂᑦᓴᖅᒥᑦ ᓱᓇᓂᑦᓗ ᐊᑦᓚᓱᒪᔪᒃᑕᒃᑲᒃᓂᐊᒪᖓᑕ); b) ᐊᑦᓚᔪᑎᓕᐅᒃᓗᑕ ᐱᓇᓱᒃᑲᑎᒥᒥᐊᓕᑐᑦ ᓄᓇᓕᒻᒥ ᐃᑲᔪᒃᑎᒥᓗᒥᑦ; c) ᐊᑦᓚᔪᑏᑦ ᓯᐊᑦᒪᑎᒃᓗᒥᑦ d) ᓄᑕᐅᓯᓕᒃᑐᐃᓇᒃᓗᒥᑦ	◊ ᒃᑲᐅᕈᒪᔭᐅᓕᐅᒥᑎᑦᓯᓂᖅ ᐳᐱᒃᓂᑐᒥ ᐃᑲᔪᒃᑕᐅᐃᑦᓴᓂᒃ ᐊᑐᒃᑕᐅᒍᓐᓇᓂᖅᒥᐟᓂᓗ; ◊ ᐊᑦᓚᔪᑏᑦ ᒃᑲᐅᕈᒪᒍᑎᒥᒃᑲᑦᑕᓗᒥᑦ ᐊᑐᒃᑎᓂᒃ.	

ᐱᓇᓱᐊᑦᑕᐅᑕᐅᓐᑦ	ᓱᒐᑦᓴᖅᑦᑎᓱᒍᑎᑦᓴᐅᒐᔭᑦᑐᑦ	Objectives and potential spinoffs
ᖃᐅᔨᒋᐊᖅᐱᒋᓗᒋᑦ ᐅᐃᒐᑦᑐᐃᑦ	a) ᑲᑎᑦᓯᓗᒋᑦ ᑐᑭᓯᒍᑎᑦᓴᕐᑐᑦ ᐊᓯᖏᑦᓂᑦ ᖃᐅᔨᒋᐊᖅᐱᐅᓯᒪᔪᓂᑦ b) ᑐᑭᓯᒍᑎᑦᓴᕐᑐᑦ ᓄᑕᐅᓯᓚᖅᑎᓗᒋᑦ ᑲᑎᒪᑦᓯᓗᑕ ᐅᐃᒐᑦᑐᓂᑦ ᕿᖃᐅᔨᒋᐊᖅᐱᒋᓗᒋᑦ ᓄᓇᓚᑦᒥᐅᑦ ᖃᓄᖅ ᐃᓱᐊᖅᓂᐸᐅᑦᒪᖅᒐᑦ ᐅᐃᒐᑦᑐᓂᑦ ᑐᖅᑎᓯᒋᐊᒥᖅ ᐃᓚᐅᑎᑦᓯᒋᐊᒥᑦᓗ ᖃᐅᔨᒋᐊᖅᐱᖃᖃᑦᑕᑎᑦᓗᑕ)	◊ ᓇᓗᓂᑦᓯᓂᖅ ᑭᖅᖅᒍᒪᒋᖅᐅᔪᓂᑦ ᓱᑐᓂᑦᓴᓇᖅᐅᒍᒪᔪᓂᑦᓗ ᐅᐃᒐᑦᑐᓄᑦ; ◊ ᑐᖅᐅᒪᑎᑦᓯᒍᑎᒋᓗᒋᑦ ᖃᐅᔨᒋᐊᖅᓂᐅᓯᒪᔪᑦ ᓄᓇᓚᑦᒥ ᑕᒪᑐᒥᖅᒪ ᐱᓇᓱᐊᖅᑲᑎᐅᓯᓄᑦ; ◊ ᐱᓇᓱᐊᑦᑕᐅᒋᐊᓄᑦ ᐋᑦᑭᒋᐊᖅᓗᒋᑦ ᖃᐅᔨᒋᐊᖅᓂᐅᓯᒪᔪᑦ ᒪᓚᖅᓗᒋᑦ.
ᑮᓇᐅᔭᑎᒍᑦ ᐃᑲᔪᖅᓱᔪᑦᓴᓱᐅᖅᓂᖅ	a) ᓇᓗᓂᖅᓗᒋᑦ ᐱᓇᓱᐊᖅᑕᐅᒋᐊᓄᑦ ᐱᓇᓱᒐᖅᓴᓗ ᑮᓇᐅᔭᑎᒍᑦ ᐃᑲᔪᖅᓱᔭᐅᒍᑎᒋᒋᐊᓂᖅᑐᑦ; b) ᐊᖅᓚᓗᒋᑦ ᐃᑲᔪᖅᓱᒍᓇᐅᒪᔭᖅᑐᑦ. c) ᐱᔭᕇᖅᓗᒋᑦ ᑐᖅᐅᒪᖅᑲᑦᑕᐅᑎᒍᑎᑦᓴᖅᑦ ᑮᓇᐅᔭᑎᒍᑦ ᐃᑲᔪᖅᓱᒪᔪᑦᓴᓂᖅ (ᐃᓂᖅᓚᑎᖅᑕᖅᓗ ᒪᓚᖅᑎᒋᐊᖅᓗᒋᑦ ᑮᓇᐅᔭᑎᒍᑦ ᐃᑲᔪᖅᑕᐅᐃᖅᓴᑎᖅᓂᖅ) d) ᑐᖅᓱᕋᐅᑎᖅᑐᑦ ᑐᓂᓗᒋᑦ ᐱᖅᑯᔭᓚᓇᓂᖅᓅᓚᖅᑲᔪᓂᖅ ᑮᓇᐅᔭᖅᑲᖅᑎᓱᓱᓄᑦ ᐊᖅᑎᐊᓇᐅᒥ.	◊ ᐃᖅᐱᒋᖅᓱᐊᓗᒍ 2017ᒥ ᐱᓇᓱᐊᖅᑕᐅᓛᖅᑐᖅ ᑲᔪᓯᑎᑕᐅᖅᓱᐊᓛᖅᒪᖅᒐᑦ.
ᐃᖅᓗᖅᑲᖅᑎᑕᐅᒋᐊᖅᑲᖅᓂᖅ ᐅᖅᑳᒍᑎᒋᓗᒍ	a) ᑐᖅᑎᓯᒍᑎᒋᓗᒋᑦ ᐃᓂᖅᓚᑎᓇᐅᑎᐃᓃᑦ ᐱᓇᓱᖅᑲᑎᒋᖅᑎᓄᑦ; b) ᐃᖅᓗᖅᑎᑕᐅᒍᑏᑦ ᐅᓄᖅᓱᒋᐊᖅᑕᐅᔪᖅᖅᐅᓂᖅᒋᑦᑕ ᐅᐃᖅᓂᑐᒥ.	◊ ᐱᐅᓯᑎᒋᐊᖅᓗᒋᑦ ᖅᑭᔪᓚᓇᔪᓄᑦ ᐱᓇᓱᐊᖅᑕᐅᔪᑦ

ᐸᕐᓄᓂᕐᒧᑦ ᐃᑲᔪᕐᓯᒪᐅᑎᓕᐅᕐᓂᒧᓪᓗ ᐱᓇᓱᐊᕐᕕᒃ

ᑰᓐᓂᐊᓯᐅᕆᓂᕐᒨᓕᖓᔪᑦ ᑎᒥᐅᓪᓗ ᖃᓄᐃᙱᒋᓯᐊᕐᓂᖓ

ᐱᓇᓱᑦᑎᑖᕐᓂᖅ

2015-ᒥ, ᓄᓇᕗᒻᒥ ᑐᙵᓱᑦᑎᓯᓚᐅᔪᕗᑦ ᑕᓪᓕᒪᓂᒃ ᑰᓐᓂᐊᓯᐅᕐᑎᒪᕆᐅᓚᖓᓕᕐᑐᓂᒃ: ᐱᖓᓱᑦ ᐃᓅᓕᑦᓯᐱᒃ ᑰᓐᓂᐊᕗᒻᒥ ᐊᒻᒪᓗ ᒪᕐᕉᒃ ᐅᖓᔪᑦ ᑐᓚᑦᑕᐱᒃ ᑰᓐᓂᐊᕗᒻᒥ. ᑖᓐᑯᐊ ᑰᓐᓂᐊᓯᐅᕐᑎᒪᕆᑦ ᐱᓇᓱᒪᖕᒋᑦ ᓄᓇᕗᒻᒦᑐᑦ ᐊᒻᒪᓗ 55%-ᖓᓂᒃ ᐱᓇᓱᐊᕐᑕᒥᓂᒃ ᓄᓇᕗᒻᒦᓯᑎᒃ ᐱᓇᓱᐊᔫᖕᒍᓯᑎᒃ.

ᐊᑕᐅᓯᖅ ᑰᓐᓂᐊᓯᐅᕐᑎᒪᕆᒃ ᐃᓅᓕᑦᓯᐱᒻᒥ ᓄᓇᕗᒻᒥᑦ ᐊᐅᓪᓚᓚᐅᔪᔪᖅ 2015ᒥ.

2016-ᒥ (ᑏᓯᒻᐱᕆ 1, 2015ᒥᑦ, ᓈᐃᒻᐱᕆ 30, 2016ᒧᑦ), ᓄᓇᕗᒻᒥ ᑕᓪᓕᒪᒥᐊᓪᓚᓂᒃ ᑰᓐᓂᐊᓯᐅᕐᑎᒪᕆᑖᓚᕐᑐᑦ: ᐱᖓᓱᑦ ᐃᓅᓕᑦᓯᐱᒃ ᑰᓐᓂᐊᕗᒻᒥ ᐊᒻᒪᓗ ᒪᕐᕉᒃ ᐅᓚᑦᑕᐱᒃ ᑰᓐᓂᐊᕗᒻᒥ. ᐃᓚᖓᑦ ᐱᒥᐊᓚᐅᔪᔪᖅ ᑰᓐᓂᐊᓯᐅᕐᑎᒪᕆᐅᓂᕐᒥᒃ ᐃᓅᓕᑦᓯᐱᒃ ᑰᓐᓂᐊᕗᒻᒥ ᒫᑦᑕ 20, 2016ᒥ.

ᑎᒥᒃᒪᑦ, ᒫᑦᑕ 31, 2016-ᖓᓕᖅᑦᑦ, 35 ᑰᓐᓂᐊᓯᐅᕐᑎᒪᕆᑐᐃᓐᓂᒃ ᐱᓇᓱᒪᖃᕐᑐᐃᓃᑦ ᓄᓇᕗᒻᒥ (ᑎᖕᓱᐊ ᑭᓯᐊᓂ ᐃᓚᒋᔭᐅᙱᒋᑎᓐᓗᒋᑦ ᑰᓐᓂᐊᓯᐅᕐᑎᒪᕆᑦ ᐱᓇᓱᐊᒪᖃᓱᑦ ᐃᓄᐃᑦ ᖃᓄᐃᙱᒋᓯᐊᕐᓂᓕᓇᐃᖓᓂᑐᐊᖅ).

ᑕᖓᓂ ᐊᕐᕋᒍᕐᒥ, ᑖᓐᑯᐊ ᒪᕐᕉᒃ ᑰᓐᓂᐊᐃᒃ ᐱᓇᓱᑦᑎᑖᓚᐅᔪᔫᒃ ᐅᓐᓗᑦ ᐃᓗᓐᓇᖓᓂᒃ ᒫᓐᓇᓱᐅᑎᐅᑦᓯᓂ ᑐᑭᒧᐊᑦᑎᓯᕐᒥᒃ ᐱᓇᓱᑦᑎᒪᕆᑦ ᐱᒍᑦᕐᐅᑎᖕᒋᓐᓂᒃ.

ᐃᓕᖓᔪᓄᓐᓕ ᐊᖏᖃᑎᒌᒪᓯᐊᕈᑕᐅᓯᒪᒪᑎᒃ ᐱᔪᒪᓕᖕᓴᒍᑎᓄᑦ ᑮᓇᐅᔭᖃᑎᑕᐅᑦᓯᑎᒃ *Fonds de médecins en région (FMR)*-ᑯᓐᓄᑦ, ᓄᓇᕗᒻᒥ ᐱᓇᓱᑦᑎᓯᓚᐅᔪᕗᑦ ᑕᓪᓕᒪᓂᒃ ᐃᓚᒌᓄᑦ ᑰᓐᓂᐊᓯᐅᕐᑎᒪᕆᐅᒥᐅᖕᓴᔪᓂᒃ (ᐱᖓᓱᑦ ᐃᓅᓕᑦᓯᐱᒃ ᑰᓐᓂᐊᕗᒻᒥ ᐊᒻᒪᓗ ᒪᕐᕉᒃ ᐅᖓᔪᑦ ᑐᓚᑦᑕᐱᒃ ᑰᓐᓂᐊᕗᒻᒥ), ᓱᓕᒥᐊᖕᓚᒃ, ᐱᓇᓱᐊᖕᑕᐅᔪᑦᑎᒍᑦ ᓯᐊᒻᒪᑎᓯᒪᔪᓂᒃ ᑰᓐᓂᐊᓯᐅᕆᒍᓯᖕᓂᒃ ᐃᓕᖕᓴᒍᑎᓂᒃ, ᐊᒥᓱᒪᓚᖕᓂᒃ ᓯᓚᑖᒍᑦ ᑰᓐᓂᐊᓯᐅᕐᑎᒪᕆᓂᒃ, ᓱᕐᓕᖕᒪᓂᒃ ᐊᒻᒪᓗ ᑐᖕᒪᓕᖕᒪᓂᒃ ᐊᖕᕋᒍᕆᓕᖕᑕᖕᒪᓂᒃ ᐃᓚᒌᓄᑦ ᑰᓐᓂᐊᓯᐅᕐᑎᒪᕆᖕᒍᒥᐅᖕᓴᓕᖕᑐᓂᒃ, ᐊᒻᒪᓗ ᓱᕐᓕᖕᒪᓂᒃ ᑕᓪᓕᒪᖕᒪᓂᒃ ᐊᖕᕋᒍᖕᒪᓄᑦ ᑎᑭᑦᑐᓂᒃ ᐱᓪᓗᑯᒥᐊᓚᖕᓂᒃ ᑰᓐᓂᐊᓯᐅᕐᑎᒪᕆᖕᓂᒃ ᐱᔭᕆᐅᕐᓴᔪᖃᖃᑦᑕᓚᐅᔪᕗᖅ ᓄᓇᕗᐅᑦ ᑰᓐᓂᐊᐱᒥᖕᓂ.

ᐃᖅᑲᒪᓕᕆᐃᒃ

ᑰᖕᑭᓯᖕᑕᐅᓂᖕᒥᑦ ᖃᓄᐃᓗᑭᑎᖕᓴᑦ ᐱᔭᐅᓯᒪᔪᐃᑦ ᓄᓇᓕᓕᒫᓂ ᐃᖕᖃᒪᓕᕆᐃᖕᓄᑦ ᑉᖕᓂᑕᐅᓯᒪᔪᖕᑯᑦ ᑰᖕᑭᑕᐅᓯᒪᔪᓯᑎᒃ ᓄᓇᕗᒻᒥ ᐃᓗᓯᓕᕆᔭᖕᑯᓄᑦ ᐃᑲᔪᖕᑎᑖᒍᑎᐅᓯᑎᒃ ᓄᓇᕗᐅᑦ ᑰᓐᓂᐊᐱᒥᖕᓄᓗ ᑲᔪᓯᔭᐅᓚᐅᖕᑐᑦ ᑕᖓᓂ ᐊᕐᕋᒍᕐᒥ. ᐅᑯᐊ ᐃᓚᖕᒥᑦ ᐱᓇᓱᐊᕐᑕᐅᓚᐅᖕᑐᐃᕐᑦ:

- ᐱᐅᓂᖕᓴᒥᒃ ᐱᓇᓱᒍᑎᑖᓯᑎᒃ ᐃᖕᖃᒪᓕᕆᐃᒥᑦ ᑐᑭᓯᒪᒍᑎᖕᓴᑦ ᑰᖕᑭᓯᖕᓯᒪᒍᑎᖕᒪᓂᒃ ᑰᓐᓂᐊᕗᒻᒦᒪᑎᒃ ᐃᖕᖃᒪᖕᑖᓇᐊᓖᑦ ᐅᖓᔪᑦ ᑐᓚᑦᑕᐱᒃ ᑰᓐᓂᐊᕗᒻᒥ ᐊᒻᒪᓗ ᓂᐅᐃᐊᓇᔭᐅᓯᓂ ᐊᒻᔭᖕᓴᓐᓇᖓ ᐱᓇᓱᒍᑎᖕᓴᖅ ᐃᓅᓕᑦᓯᐱᒃ ᑰᓐᓂᐊᕗᒻᒥ;
- ᐱᒍᑦᔭᐅᑏᑦ ᐱᑕᖃᖕᑎᑕᐅᓂᖕᒥᑦ ᑰᓐᓂᐊᕗᒻᒦᒪᑎᒃ ᑰᓐᓂᐊᓯᐅᕐᑕᐅᒥᐊᓚᖕᓄᑦ ᑐᐃᖕᓂᑑᑦ ᑰᓐᓂᐊᐃᖕᒪᓂ:

◊ ᐊᑐᓕᕐᑎᑕᐅᓂᖓ ᐊᖏᖃᑎᒌᖃᑎᖃᕐᓯᒪᒍᑎᐅᑦ ᓇᒻᒥᓂᓇᔭᐅᔪᒥᒃ ᐃᕐᖃᒐᓕᓇᕕᒻᒥᒃ ᐊᑐᐃᓐᓇᕈᕐᑕᐅᓂᖏᓐᓄᑦ ᐋᓐᓂᐊᓯᐅᑎᑐᕐᑕᐅᒥᐊᓖᑦ (ᐃᔭᒐᖃᐅᑏᑦ) ᐅᖓᕙᑦ ᑐᓚᑦᑕᕕᒃ ᐋᓐᓂᐊᕕᒻᒥ.

ᑖᓐᓇ ᐱᓇᓱᐊᕐᑕᐅᔪᖅ ᐃᓱᓕᓛᕐᓂᐊᑐᖅ 2016-2017ᒥ.

ᑲᒡᒍᑎᓕᓇᓂᕐᒨᓕᖓᔪᑦ ᐊᒻᒪᓗ ᐃᓅᓯᕐᒥᑕ ᐃᓱᓕᕝᕕᖓᓃᓕᕐᑐᓂᒃ ᑲᒪᒋᔭᖃᕐᓂᖅ

ᓄᓇᕕᒻᒥ ᐃᓗᓯᓕᓇᕈᒃᑯᑦ ᐊᖏᓚᐅᔪᕗᑦ ᑲᒡᒍᑎᓕᓇᓂᕐᒨᓕᖓᔪᓂᒃ ᐱᓇᓱᐊᕐᑕᒥᓂᒃ ᐊᒻᒪᓗ ᐸᕐᓂᑕᒥᓂᒃ ᖃᓄᐃᓗᕈᑎᑦᓴᐅᓂᐊᕐᑐᓂᒃ, ᓇᓗᓂᕐᓯᔪᒥᒃ ᑐᕋᒐᖏᓐᓂᒃ ᐱᓇᓱᐊᕐᑕᐅᔪᓂᒃ 2020ᒧᑦ ᑎᑭᓪᓗᒍ. ᑲᔪᓯᑎᑕᐅᓂᖏᑦ ᐱᓇᓱᐊᕐᑕᐅᑦ ᑲᒪᒋᔭᖃᕈᑎᑦᓯᐊᓂᒃ ᐱᒍᑦᕈᐅᑎᑦᓯᐊᓂᓪᓗ ᐃᓗᕐᕈᓯᖏᓐᓄᓕᖓᓕᕐᑎᑕᐅᓯᒪᔪᓂᒃ ᐃᓄᓐᓄᑦ ᐊᓪᓚᓄᓪᓗ ᑲᒡᒍᑎᖃᕐᓯᑎᒃ ᐋᓐᓂᐊᓯᐅᕐᑕᐅᒍᑎᓕᓐᓄᑦ ᑲᔪᓯᓚᐅᔪᕗᑦ, ᐊᓪᓗᑦ ᐃᓗᓯᓕᓇᓂᕐᒥ ᐃᓄᓕᓇᓂᕐᒥᓗ ᐱᒍᑦᕈᔭᖏᑦ ᔪᒻᒪᒃ ᐯᒥ ᓄᓇᐃᐅᓪᓗ ᐋᓐᓂᐊᐃᖏᑦ ᐱᓇᓱᐊᖃᑎᒋᑦᓯᒋᑦ. ᑖᓐᓇ ᐱᓇᓱᐊᕐᑕᖅ ᑮᓇᐅᔭᕐᑎᒍᑦ ᐃᑲᔪᕐᓯᔭᐅᓯᒪᔪᖅ ᑲᓇᑕᒥ ᐱᓇᓱᐊᖃᑎᒌᑦᑐᑯᓐᓄᑦ ᑲᒡᒍᑎᖃᕈᓐᓂᑎᑦᓯᒍᑎᑦᓴᓄᑦ ᑮᓇᐅᔭᓕᓇᐅᑏᑦ ᐊᕐᕋᒍᖓᑕ ᐃᓱᓕᓐᓂᖓᓄᑦ ᑎᑭᓪᓗᒍ.

ᓄᓇᕕᒻᒥ ᐃᓗᓯᓕᓇᕈᒃᑯᑦ ᐃᑲᔪᕐᓯᒪᓚᐅᔪᒥᕗᑦ ᐋᓐᓂᐊᐃᓐᓂᒃ ᖃᓄᐃᓕᒋᐊᕈᑎᖃᕐᑎᓗᒋᑦ ᐱᑕᖃᓇᐊᓕᓐᓂᒃ ᒪᓕᑦᓯᒍ ᐱᖁᔭᖅ ᐃᓅᓯᕐᒥᑕ-ᐃᓱᓕᓐᓂᖓᓅᓕᕐᑐᓂᒃ ᑲᒪᒋᔭᖃᕐᓂᒧᑦ. ᐱᓇᓱᐊᕐᑐᑦ ᑲᔪᓯᔪᑦ ᐱᑕᖃᕐᓂᓴᐅᑎᒐᓯᑦᓯᒋᑦ ᓄᓇᕕᒻᒥ ᐱᒍᑦᕈᐅᑏᑦ ᐃᓕᖓᑦᓯᑎᒃ ᐃᓅᓯᕐᒥᑕ ᐃᓱᓕᓐᓂᖓᓃᓕᕐᑐᓂᒃ ᑲᒪᒋᔭᖃᕐᓂᒧᑦ.

ᐃᓗᓯᓕᓇᓂᕐᒥ ᐱᒍᑦᕈᐅᑎᓂᒃ ᕿᒥᕐᕈᓂᖅ ᑎᒥᐅᑉ ᖃᓄᐃᙱᓯᐊᓇᐊᖃᕐᓂᖓᓄᑦ

2014-ᖓᒍᑎᓪᓗᒍ, ᐸᕐᓂᓂᕐᒧᑦ ᐃᑲᔪᕐᓯᒪᐅᑎᓕᐅᕐᓂᒧᓪᓗ ᐱᓇᓱᐊᕐᐱᒥ ᕿᒥᕐᕈᒋᐊᓪᓕᓯᑎᒃ ᐱᓇᓱᐊᓚᐅᔪᕗᑦ, ᐱᓇᓱᖃᑎᒋᔫᖏᓪᓗ, ᐱᒍᑦᕈᐅᑎᓂᒃ ᐊᑐᐃᓐᓇᐅᒋᕐᑐᓂᒃ ᐊᒻᒪᓗ ᐋᕐᕿᓯᕐᑕᐅᓯᒪᒍᓯᖏᓐᓂᒃ ᑎᒥᐅᑉ ᖃᓄᐃᙱᓯᐊᓇᐊᖃᕐᓂᖓᓄᑦ ᐱᓪᓗᒍ ᓄᓇᕕᓕᒫᒥ. ᑖᓐᓇ ᐊᐅᓚᑦᔪᒐᓯᐊᕈᑎᐅᑦᓯᓂ ᐱᓇᓱᐊᕐᑕᖅ ᑐᕋᒐᓕᒃ ᐃᓄᐃᑦ ᑭᙵᒍᒪᒋᔭᖏᓐᓂᒃ ᓈᒻᒪᓈᓂᕐᓴᓂᒃ ᖃᓄᐃᓕᒋᐊᒍᑎᐅᓚᕿᔪᓂᒃ ᓄᐃᓯᓚᕿᓗᓂ. ᑐᑭᑖᕈᑎ 2015-28 ᐱᓪᔪᑎᓕᒃ ᐱᓇᓱᐊᕐᑕᐅᓂᖓᓂᒃ ᐃᓗᓯᓕᓇᓂᕐᒥ ᐱᒍᑦᕈᐅᑎᓂᒃ ᕿᒥᕐᕈᓂᕐᒥ ᑎᒥᐅᑉ ᖃᓄᐃᙱᓯᐊᓇᐊᖃᕐᓂᖓᓄᑦ ᐊᖏᕐᑕᐅᓚᐅᔪᒻᒪᑦ ᐁᓇᓕ 2015ᒥ. ᑎᒪᙱᓂᑦ, ᖃᓄᕐᑑᕈᑎᐅᓯᒪᓕᕐᑐᐃᑦ ᐊᒻᒪᓗ ᐋᕐᕿᓯᕐᑕᐅᒍᑎᖏᑦ ᑭᒍᑎᓕᓇᓂᕐᒥ ᐱᓪᓗᑯᒥᐊᓕᓐᓂᓗ ᐱᒍᑦᕈᐅᑎᓂᒃ ᐱᑕᕿᓐᓇᑎᑕᐅᒥᐊᖃᕐᓂᖏᓐᓄᑦ ᑲᑎᒪᕈᐅᓂᐊᕐᑐᓂᒃ ᐱᒥᐊᕐᑕᐅᓯᒪᓕᕐᓯᑎᒃ. ᐊᑦᕈᒦᙱᑐᐃᑦ ᐱᓇᓱᐊᖃᑎᐅᔪᐃᑦ ᖃᐅᔪᒪᑎᑕᐅᓚᐅᔪᕗᑦ ᐃᓚᐅᑦᓯᐊᖑᔭᐅᓯᒪᓚᐅᔪᑦᓯᑎᓗ ᐱᓇᓱᐊᕐᑕᐅᒥᐊᓕᓐᓂᒃ ᑕᒪᒃᑯᓂᖓ ᐅᖃᐅᓯᐅᔪᓂᑦ ᑐᙵᕕᒋᔭᐅᓂᐊᕐᑐᓂᒃ ᐱᓇᓱᐊᕐᑐᖃᕐᑎᓗᒍ ᐃᓗᓯᓕᓇᓂᕐᒥ ᐱᒍᑦᕈᐅᑎᓂᒃ ᕿᒥᕐᕈᓂᕐᒥ. ᐳᐃᒍᑦᑕᐅᒥᐊᖃᙱᓕᖅ ᑖᒃᑯᐊ ᑲᑎᒪᔨᐅᕙᓚᖓᔪᐃᑦ ᑐᕋᒐᖃᕐᒪᑕ ᐃᒥᓗᓇᐊᖃᓚᖓᓯᐊᑎᒃ ᐋᕐᕿᓯᐃᓗᑎᒃ ᐊᑕᐅᓯᐅᖃᑎᒋᒍᑎᒥᒃ ᑕᐅᑐᕐᕐᑰᒍᑎᒥᒃ ᐱᒍᑦᕈᐅᑎᓂᒃ ᑭᙵᒍᒪᒋᔭᐅᔪᓂᒃ, ᐊᑑᑎᓪᓗᑐᕐᑐᓄᐊᖓᓪᓚᓇᑦᑐᓂᒃ ᐱᕐᔪᔭᓂᕐᒥᒃ ᐱᐃᑦᓴᖃᕐᑎᓯᓗᓂ ᐊᒻᒪᓗ ᑎᒥᐅᔪᒥ ᐱᓇᓱᒍᓯᖃᕐᑎᓗᒋᑦ ᐊᑐᕐᓂᖃᓕᕐᑎᑕᐅᒪᔪᓂᒃ ᐊᑦᕈᒦᙱᑐᓄᑦ ᐃᑲᔪᕐᑕᐅᔪᓄᑦ ᐊᒻᒪᓗ ᑐᑭᓕᐅᓇᒍᓐᓇᓗᑎᒃ ᐃᒫᖅᑭᑎᑦᓴᓕᐊᖑᓂᐊᕐᑐᓂᒃ ᑲᑎᒪᔨᓅᕐᑐᓴᐅᓗᑎᒃ. ᐱᒥᐊᕐᑎᓯᑦᓕᐊᓂᖏᑦ ᐊᓯᖏᓐᓂᒃ ᐱᑕᕿᓐᓇᑎᑕᐅᒥᐊᓕᓐᓄᑦ ᑲᑎᒪᔨᓂᒃ ᑲᔪᓯᓛᕐᑐᖅ 2016-2017ᒥ.

ᐃᓄᒻᒪᓇᓐᓄᐊᖃᓚᔪᑦ ᓄᓇᓕᒻᒧᐊᖃᓚᔪᓪᓗ ᐱᓇᓱᐊᕐᑌᑦ

ᐃᓱᒪᖃᑦᓯᐊᓂᖅ, ᐃᓅᓯᕐᒥ ᑭᐱᓯᑦᑌᓕᓂᕐᒥᒃ ᐱᓇᓱᐊᕐᓂᒧᑦ, ᐊᖑᒍᑏᑦ ᖃᓄᐃᙱᓯᐊᕐᓂᖓ ᐊᒻᒪᓗ ᖃᓄᐃᙱᓗᓂ-ᐃᓅᓂᖅ

ᐳᑦᑕᐅᑏᑦ, ᓯᕗᓪᓕᖅ ᓄᓇᓕᓕᒫᓄᐊᖓᔪᖅ ᑲᑎᒪᓂᒻᒪᖅ ᐃᓅᓯᕐᒥ ᑭᐱᓯᑦᑌᓕᓂᕐᒥᒃ ᐱᓇᓱᐊᕐᓂᒧᑦ

ᐃᒫᖅᑭᑎᖏᓐᓄᑦ ᐃᓚᒋᔭᐅᑦᓯᓂ ᐱᓇᓱᐊᕐᑕᐅᔪᐃᓂᕐᓂ ᐃᓗᓯᓕᓇᓂᕐᒥ ᐱᒍᑦᕈᐅᑎᓂᒃ ᕿᒥᕐᕈᓂᕐᒥ, ᓄᓇᕕᒻᒥ ᐃᓗᓯᓕᓇᕈᒃᑯᑦ ᐃᓚᒋᔭᐅᓚᐅᔪᕗᑦ ᐋᕐᕿᓯᕐᑕᐅᑎᓪᓗᒍ ᓯᕗᓪᓕᐸᖅ ᓄᓇᕕᒻᒥ ᑲᑎᒪᓂᒻᒪᖅ ᐃᓅᓯᕐᒥᒃ ᑭᐱᓯᑦᑌᓕᓂᕐᒧᑦ ᐊᒻᒪᓗ ᐊᙱᕐᑎᖏᔭᕐᓂᒧᑦ ᓄᓇᕕᒻᒥ, ᐊᑑᑎᓚᐅᔪᔪᒥ ᐳᐃᕐᓂᑐᒥ ᐆᒃᑑᐱᓇ 5ᒥ 10ᒧᑦ.

ᒪᓕᒐᑦᓴᓯᐊᕐᑯᑎᖃᕐᓯᒪᑦᓯᓂ "Dialogue for Life" ᑲᑎᒪᓂᕐᔪᐊᒥᒃ ᒪᓐᑐᓇᐊᕐᒥ, ᐳᑦᑕᐅᑏᑦ ᑐᕋᕐᓂᓕᒃ

ᐃᑦᐱᒍᓯᓕᐅᒥᑎᑦᓯᓂᕐᒥᒃ ᐃᓄᓐᓂᒃ ᐃᓅᓯᕐᒥᒃ ᑭᐱᓯᓂᕐᒨᓕᖓᔪᓂᒃ ᐊᒻᒪᓗ ᐱᕕᖃᕐᑎᓯᓂᓗᓂ ᑲᒪᕐᖃᓂᐊᕐᑐᓂᒃ ᐱᓇᓱᑦᑐᓴᓂᒃ ᓄᓇᓕᒻᒥᓗ ᐃᓄᖕᒋᓐᓂᒃ ᐃᑲᔪᕐᑕᐅᓂᕐᒧᑦ ᐃᓕᓐᓂᐊᑎᑕᐅᓂᕐᒧᓗ.

ᐱᓂᐊᕐᓂᖅ ᑕᒪᓐᓇ ᑲᑎᓚᕿᑎᑦᓯᓚᐅᔪᖅ ᓄᓇᕕᒻᒥᐅᓂᒃ ᐃᓗᓐᓇᖕᒋᓐᓂᑦ ᓄᓇᕕᐅᑦ ᓄᓇᓕᖕᒋᓐᓂᑦ. ᑲᑎᓕᒫᕐᓯᑎᒃ 150 ᐅᖓᑖᓃᑦᑐᓄᑦ ᐃᓄᓐᓄᑦ (ᑲᑎᒪᒋᐊᕐᓯᒪᔪᑦ, ᐅᖃᐅᒋᐊᕐᑐᓯᒪᔪᑦ, ᑐᓴᒃᑦ, ᐃᑲᔪᕐᑎᐅᓚᖓᔪᓄ ᐱᓇᓱᐊᖃᑎᐅᒋᐊᕐᑐᓯᒪᔪᑦ. ᐋᕐᕿᓯᐃᓯᒪᔪᑦ ᑲᑎᒪᓂᕐᒥᒃ ᐊᓯᖕᒋᓪᓗ) ᑲᑎᓚᐅᔪᑦ ᐳᕕᕐᓂᑐᒥ ᑕᒪᓐᓇ ᓯᕗᓪᓕᕐᖅ ᐊᕐᕌᒍᑕᒫᓯᐅᑎᐅᓚᖓᔪᓂ ᐊᑑᑎᑎᓪᓗᒍ.

ᑕᓪᓕᒪᓂᒃᑯᓪᓗᓂᒃ ᑲᑎᒪᓂᒻᒪᕆᖅ ᐱᕕᑦᓴᖃᕐᑎᓯᓚᐅᔪᖅ ᑲᑎᒪᒋᐊᕐᓯᒪᔪᓂᒃ ᐃᓕᓐᓂᐊᖃᑎᐅᒍᓐᓇᑎᑦᓯᒋᑦ ᐊᑐᓕᕐᑎᓗᒋᑦ ᐃᓅᓯᕐᒥᓂᒃ ᑭᐱᓯᑎᑦᓯᑐᓕᒍᓯᕐᓂᒃ ᐃᓕᓐᓂᐊᓂᕐᒥ (ASIST) ᐊᒻᒪᓗᑦᑕᐅᖅ ᑲᑎᒪᓂᐊᕈᓯᕐᓂ ᑎᑭᑕᐅᓚᐅᕐᑐᕕᓂᐅᑦᓯᑎᓗ ᐱᐅᓯᑦᓴᔭᕆᖅᒋᑕᒥᓂᒃ ᐱᐅᓯᕐᑖᑎᑕᐅᒪᓯᐊᕐᓂᕕᓂᐅᑦ ᐊᑑᑎᔭᐅᔪᓂᒃ ᐊᒻᒪᓗ ᐊᖅᒋᐊᖅᒋᔭᕐᓂᒍᑦ ᐃᓗᕐᓯᒪᔪᓪᓗ ᒪᓂᒍᕐᑕᐅᒍᑎᖅᒋᓐᓄ. ᐅᓪᓗᖓ ᑭᖅᒍᓪᓕᖅᖓ, ᓇᐅᓕᒫᓄᑦ ᐅᒃᑯᐃᖕᒫᕐᓯᓂ, ᐱᓇᓱᐊᕐᕕᐅᓚᐅᔪᖅ ᐱᓇᓱᐊᖃᑎᒌᒍᑎᑦᓴᑦ ᐋᕐᕿᓯᕐᑕᐅᒍᑎᖅᒋᓐᓂᒃ ᖃᐅᔨᒪᖃᑎᒌᒍᑎᑦᓴᓄᑦ ᑐᑭᓯᒪᐅᑎᑦᓴᑦ ᐱᓇᓱᐊᕐᑕᐅᔪᓂᒃ ᐱᑦᔪᔨᒍᑎᓂᓪᓗ ᓄᓇᕕᒻᒥ. ᐅᓪᓗᖓ ᐃᓱᓕᒍᑎᖃᓚᐅᔪᔪᖅ ᐆᒃᑐᕋᐅᑎᒥᒃ ᑲᑎᒪᓂᐊᕈᓯᖃᕐᑎᓯᓂᕐᒥᒃ ᑐᕌᕐᓂᓕᒻᒥᒃ ᑐᑭᓯᒪᓂᕐᒥᒃ ᐊᓯᑦᔨᒪᓇᒍᑎᐅᓯᒪᔪᓂᒃ ᓴᖅᒪᒋᐊᓕᖅᒋᓐᓂᒃ ᓄᓇᕕᒻᒥᐅᑦ ᐊᒻᒪᓗ ᖃᐅᔨᒪᓯᐊᕐᓂᒥᒃ ᐱᑐᖃᑎᒌᒍᑎᑦᓴᑦ ᖃᓄᐃᓗᕐᑕᐅᓗᑎᒃ ᐋᕐᕿᓯᕐᑕᐅᒍᓐᓇᒪᖔᑕ ᐱᕈᕐᓴᒍᑎᒋᓗᒋᑦ ᓄᑭᖃᑦᓯᐊᓂᕐᓴᒥᒃ ᓄᓇᓕᒻᒥᒃ ᐱᑦᓕᖑᒍᑦ ᐃᓄᓕᒫᖕᒋᑦ.

ᐱᓇᓱᐊᕈᓯᐅᑦ ᑲᔪᓯᓂᖓᓂ, ᐊᒥᓱᒪᓗᑦ ᓱᖃᑦᓯᓃᑦ ᐃᓗᕐᕈᓯᕐᒨᓕᖓᔪᐃᑦᓗ ᐱᓇᓱᐊᕐᑎᓯᒍᑎᐅᑦᓯᑎᒃ ᐊᑐᐃᓐᓇᐅᓚᐅᔪᐅᑦ ᑲᑎᒪᒋᐊᕐᓯᒪᔪᓄᑦ ᓄᓇᓕᒻᒥᓗ ᐃᓄᖕᒋᓐᓄᑦ ᐳᑦᑕᐅᑏᑦ ᑲᑎᒪᓂᒻᒪᕆᒍᑦ ᓄᓇᓕᒻᒥ ᑲᑎᒪᔨᖕᒋᓐᓄᑦ ᑲᑦᒫᐱᖃᑯᖕᒋᓐᓄᓗ ᐳᐃᕐᓂᑐᕐᒥᐅᑦ. ᖃᕐᒪᒥᒃ ᓴᓇᓚᐅᔪᔪᑦ ᐃᓄᖕᒋᑦ ᑲᑎᒪᓂᒻᒪᕆᒻᒥᒃ ᐱᒍᑦᔨᓯᑎᒃ, ᑕᑲᓂᓗ ᑲᑎᖅᒪᐃᖃᖃᑦᑕᓚᐅᔪᑦᓯᑎᒃ ᐅᓂᒃᑳᐃᑏᑦᓯᑎᒃ ᐊᑑᑎᓯᒪᔭᕐᒥᓂ ᐊᔪᕿᒋᐊᕈᑎᒥᓂᓪᓗ.

ᐳᑦᑕᐅᑏᑦ ᑲᑎᒪᓂᒻᒪᕆᖅ ᐊᕐᕌᒍᑕᒫᓯᐅᑎᐅᓗᓂ ᐱᓂᐊᕐᓂᐅᑦᓚᖓᔪᖅ ᓄᓇᕕᒻᒥ, ᐊᕐᕌᒍᑕᒫᖅ ᐊᓯᐊᓂ ᓄᓇᓕᒻᒦᑉᓗᓂ.

ᐃᓄᐃᑦ ᐃᒻᒥᓂᕐᓯᕐᑲᔭᖅᒋᑐᐃᑦ, ᐃᓄᑐᕐᑭᑦ ᐊᒻᒪᓗ ᐃᕕᕐᑎᓯᓂᖅ

ᐃᓄᑐᕐᑭᑦ

- ᑲᑎᒪᒋᐊᖅᒪᒍᑎᖓ ᓄᓇᕕᒻᒥ ᑐᑭᒧᐊᑦᑎᓯᔨᑦ ᑲᑎᒪᔨᑦ ᐃᑲᔪᕐᓯᓂᕐᒧᑦ ᑲᒪᔨᒋᔭᐅᓱᓂᒃ ᓄᓇᕕᒻᒥ ᔭᓄᐊᓇ 20-21, 2015ᒥ
- ᐋᕐᕿᓯᐃᓚᐅᔪᔪᑦ ᓄᓇᕕᒻᒥ ᑕᕐᕿᓯᕿᓐᓇᕕᖃᕐᑎᓯᓂᕐᒥᒃ ᐱᓇᓱᐊᕐᑕᐅᒋᐊᓕᓐᓄᑦ ᖃᑎᖅᒪᔨᓂᒃ ᐃᓚᐅᑎᓪᓗᒋᑦ ᐱᓇᓱᐊᖃᑎᒌᑦᑐᑦ ᑲᒪᔨᒋᔭᐅᓱᓂᓪᓗ ᐊᒻᒪᓗ ᐃᑲᔪᕐᑎᒌᑦᓯᑎᒃ ᐋᕐᕿᓱᑎᒃ ᑐᖅᒪᕕᒋᔭᐅᓂᐊᕐᑐᓂᒃ ᑕᕐᕿᓯᕿᓐᓇᕕᖃᕐᑎᓯᓂᕐᒧᑦ ᐱᓇᓱᐊᕐᑕᒥᒃ ᓄᓇᕕᒻᒥ ᑲᒪᔨᒋᔭᐅᓱᓄᑦ
- ᐃᓚᐅᔪᔪᑦ ᓄᓇᓕᒻᒥ "ᐅᑭᐅᖕᒋᓐᓄᑦ-ᐃᓄᑦᓯᐊᖑᕕᓐᑦ ᓄᓇᓐᑦ" MADA ᐃᓗᓇᖕᒋᑦᑕ-ᐱᓇᓱᐊᕐᕕᑦ ᑲᑎᒪᓂᖕᒪᓂ ᓯᑦᑎᒻᐱᓇ 8ᒥ ᐊᒻᒪᓗ ᓄᓇᓕᓕᒫᓂ MADA ᑲᑎᒪᓂᖕᒪᓂ ᓯᑦᑎᒻᐱᓇ 9-10, 2015ᒥ
- ᐱᒋᐊᕐᑎᓯᓚᐅᔪᔪᑦ ᐱᖕᒪᓱᔪᕐᑑᒍᑎᒋᓕᕐᑕᖕᒪᓂᒃ ᓄᓇᕕᒻᒥ ᖃᐅᔨᒪᔭᐅᑎᑦᓯᒍᑎᓂᒃ ᓄᓇᕐᔪᐊᓕᒫᒥ ᐃᓄᑐᕐᑭᑦ ᐅᓪᓗᖓᓂᒃ (ᐆᒃᑑᐱᓇ 1) ᑮᓇᐅᔭᖃᕐᑎᑕᐅᓪᓗᑯᓐᓂᒥᓄᑦ ᓄᓇᕕᒻᒥ ᐃᓄᑐᕐᑭᑦ ᑲᑐᑦᔨᖃᑎᒌᓐᓂᖕᒪᓄᑦ
- ᑐᖕᒪᓕᓇᓕᕐᑕᖕᒪᓂᒃ ᑲᑎᒪᓚᐅᔪᔪᑦ ᓄᓇᕕᒻᒥ ᑐᑭᒧᐊᑦᑎᓯᔨᑦ ᑲᑎᒪᔨᑦ ᐱᑦᔪᑎᒋᑦᓯᒍ ᐃᑲᔪᕐᓯᒍᑎᑦᓴᑦ ᑲᒪᒋᔭᖃᓱᓂᒃ ᓄᓇᕕᐅᑦ ᐃᓄᑐᖃᕐᒋᓐᓂᒃ ᐊᑑᑎᑦᓯᓂ ᒫᑦᔨ 3, 2016ᒥ
- ᐃᑲᔪᕐᑎᒌᖃᑎᒋᑦᓯᒋᑦ ᑲᑎᕕᒃ ᓄᓇᓕᓕᒫᑦ ᑲᑦᒪᖕᒪ ᓯᕗᓪᓕᕐᒥᒃ ᓄᓇᕕᒻᒥ ᒪᓕᒐᑦᓴᒥᒃ ᐃᓄᑐᖃᕐᓈᓕᖕᒪᔪᒥᒃ
- ᐃᑲᔪᕐᑎᒌᖃᑎᒋᑦᓯᒋᑦ ᑲᑎᕕᒃ ᓄᓇᓕᓕᒫᑦ ᑲᑦᒪᖕᒪ, ᐊᑦᑕᒃᑯᑦ ᐊᒻᒪᓗ ᒪᑭᑦᕕᑯᑦ ᖃᐅᔨᓴᖃᑎᒌᒍᑎᑦᓯᒋᑦ ᐱᓇᓱᐊᕐᒐᑦ ᐃᓄᑐᖃᕐᓈᓕᖕᒪᔪᐃᑦ (MADA)

ᐃᓄᐃᑦ ᐃᒻᒥᓂᕐᓯᕐᑲᔭᖕᒋᑐᐃᑦ ᐊᒻᒪᓗ ᐃᕕᕐᑎᓯᓂᖅ

◊ ᓄᓇᓕᓕᒫᓄᐊᖑᔪᒥᒃ ᐃᓄᓐᓂᒃ ᐃᒻᒥᓂᕐᓯᕐᑲᔭᖕᒋᑐᓄᑦ ᑲᒪᔨᒋᔭᐅᓲᓂᒃ ᑲᔪᓯᒃᑫᔫᑦ ᑲᑎᒪᓂᖃᓚᐅᔪᕗᑦ ᔫᓂ 2015ᒥ ᐳᐃᕐᓂᑐᒥ

◊ ᐃᑲᔪᕐᑎᒌᒍᑎᖃᓚᐅᔪᕗᑦ ᐃᓗᓯᓕᓇᓂᕐᒥ ᐱᓇᓱᐊᖃᑎᐅᔪᓄᑦ ᓄᑕᐅᓯᓕᕐᓯᒋᑦ ᐱᑦᔨᔨᒍᑎᓂᒃ ᐱᐃᑦᓴᖃᕐᑎᓯᒍᑏᑦ

◊ ᐱᓇᓱᐊᖃᑎᐅᓚᐅᔪᕗᑦ ᐃᓗᓯᓕᓇᓂᕐᒥ ᐱᓇᓱᐊᖃᑎᐅᔪᓄᑦ ᐱᔭᕇᕐᓯᒋᑦ ᓯᕗᓪᓕᐸᖅᒋᑦ URFI ᒥᒃ ᐱᓇᓱᐊᕐᑕᒥᒃ; ᖃᓇᑕᐅᔪᑦ ᐱᑐᑦᓯᒪᖃᑎᒌᑦᑐᑦ ᐊᑐᕐᓗᒋᑦ ᐃᐃᕐᑎᓯᓂᕐᒥᒃ ᐱᓇᓱᐊᕈᑎᑦᓴᑦ ᑎᑭᓴᓇᔭᐅᓚᐅᔪᕗᑦ ᑕᒪᒋᓐᓄᑦ ᐋᓐᓂᐊᕕᓐᓄᑦ

◊ ᐃᑲᔪᕐᓯᓚᐅᔪᕗᑦ ᑕᒪᒋᓐᓂᒃ ᐋᓐᓂᐊᕕᓐᓂᒃ ᐃᓕᓐᓂᐊᑎᑦᓯᒍᑎᓂᒃ ᐃᓄᓐᓂᒃ ᐃᒻᒥᓂᕐᓯᕐᖃᔭᖕᒋᑐᓂᒃ ᑲᒪᔨᐅᓲᓂᒃ (PDSB (ᑲᒪᒋᔭᒥᓂᒃ ᐊᑦᑕᓇᖕᒋᑐᓂᒃ ᐊᐅᓚᔭᑎᑦᓯᒍᓯᓂᒃ) and *OEMC* (ᐊᒥᓱᓂᒃ-ᐃᑲᔪᕐᑕᐅᔪᓂᒃ ᖃᐅᔨᓴᕈᑎᓂᒃ)

◊ ᑲᔪᓯᔭᐅᓚᐅᔪᕗᑦ ᐃᑲᔪᕐᑎᒌᖃᑎᖃᕈᑏᑦ ᑕᒪᒋᓐᓂᒃ ᐋᓐᓂᐊᕕᓐᓂᒃ ᓄᓇᕕᒻᒥᓗ ᑎᒥᐅᔪᓂᒃ (ᑲᑎᕕᒃ ᓄᓇᓕᓕᒫᑦ ᑲᑦᒪᖅᑲᒪ, ᒪᑭᕐᕕᒃ ᑯᐊᐳᕇᓴᓐ, ᑲᑎᕕᒃ ᐃᓕᓴᕐᓂᓕᓇᔨᒃᑯᑦ) ᐱᐅᓯᒋᐊᓇᓂᕐᒍᑦ ᐱᑦᔨᔨᒍᑎᓂᒃ ᐃᓄᓐᓄᑦ ᑐᓴᖕᒋᑐᓄᑦ ᓄᓇᕕᒻᒥ

ᐅᐃᓇᒪᓇᕐᑐᓕᓇᓂᕐᒍᑦ

◊ ᐱᓇᓱᑦᑎᑖᓇᔭᐅᓂᖅᒪ ᓄᑖᑦ ᑲᒪᔨᐅᑦ ᑲᒪᒋᔭᖃᓚᖅᒪᑦᓯᓂ ᐅᐃᓇᒪᓇᕐᑐᓕᓇᓂᕐᒥ ᐱᓇᓱᐊᕐᑕᐅᔪᓂᒃ

◊ ᐱᑕᖃᕐᑎᓯᓂᖅ ᐅᐃᓇᒪᓇᕐᑐᓕᓇᓂᕐᒥ ᐃᓕᓐᓂᐊᑎᑦᓯᒍᑎᑦᓴᓂᒃ ᐱᓇᓱᐊᕐᑕᐅᔪᓂᒃ (ᑐᑭᓯᓇᕈᑎᖅᒋᑦ ᐃᓕᓴᓂᐅᑦ ᓇᓗᓂᕐᒐᑦ ᓄᐃᑕᑎᑦᓯᒍᑎᒥ):

ᓄᓇᕕᒻᒥ ᐅᐃᓇᒪᓇᕐᑐᓕᓇᓂᕐᒍᑦ ᐃᓕᓐᓂᐊᑎᑦᓯᓃᑦ ᐊᕐᕌᒍᑕᒫᖅ ᐊᒻᒪᓗ ᐃᓕᓐᓂᐊᑐᑦ ᓇᓂᒥᐅᔭᐅᓂᖅᒋᑦ

	ᑲᑎᑦᓯᑎᒃ	2012-2013	2013-2014	2014-2015	2015-2016
ᑲᖅᒋᕐᓯᐊᓗᒃᔪᐊᖅ	16		1		15
ᑰᒃᔪᐊᖅ	52		26	2	24
ᑕᓯᐅᔭᖅ	8		1	7	
ᐊᐅᐸᓗᒃ	0				
ᑲᖅᒋᕐᓯᖅ	8			8	
ᖁᐊᕐᑕᖅ	2		2		
ᑲᖅᒋᕐᓯᔪᐊᖅ	19		1	3	15
ᑲᑎᓕᒫᕐᓯᑎᒃ ᐅᖓᑯ	**105**	**0**	**31**	**20**	**54**
ᓴᕐᓗᐃᑦ	20			16	4
ᐃᕗᔨᐃᒃ	10			2	8
ᐊᑯᓕᐃᒃ	3		2		1
ᐳᐃᕐᓂᑐᖅ	15	1	12		2
ᐃᓄᒃᔪᐊᒃ	33	9	2	14	8
ᐅᒥᐅᔭᖅ	1				1
ᑰᒃᔪᐊᕋᐱᒃ	2				2
ᑲᑎᓕᒫᕐᓯᑎᒃ ᑕᓯᐅᔭᕐᔪᐊᖅ	**84**	**10**	**16**	**32**	**26**
ᑲᑎᓕᒫᕐᑐᑦ ᓄᓇᕕᒃ	**189**	**10**	**47**	**52**	**80**

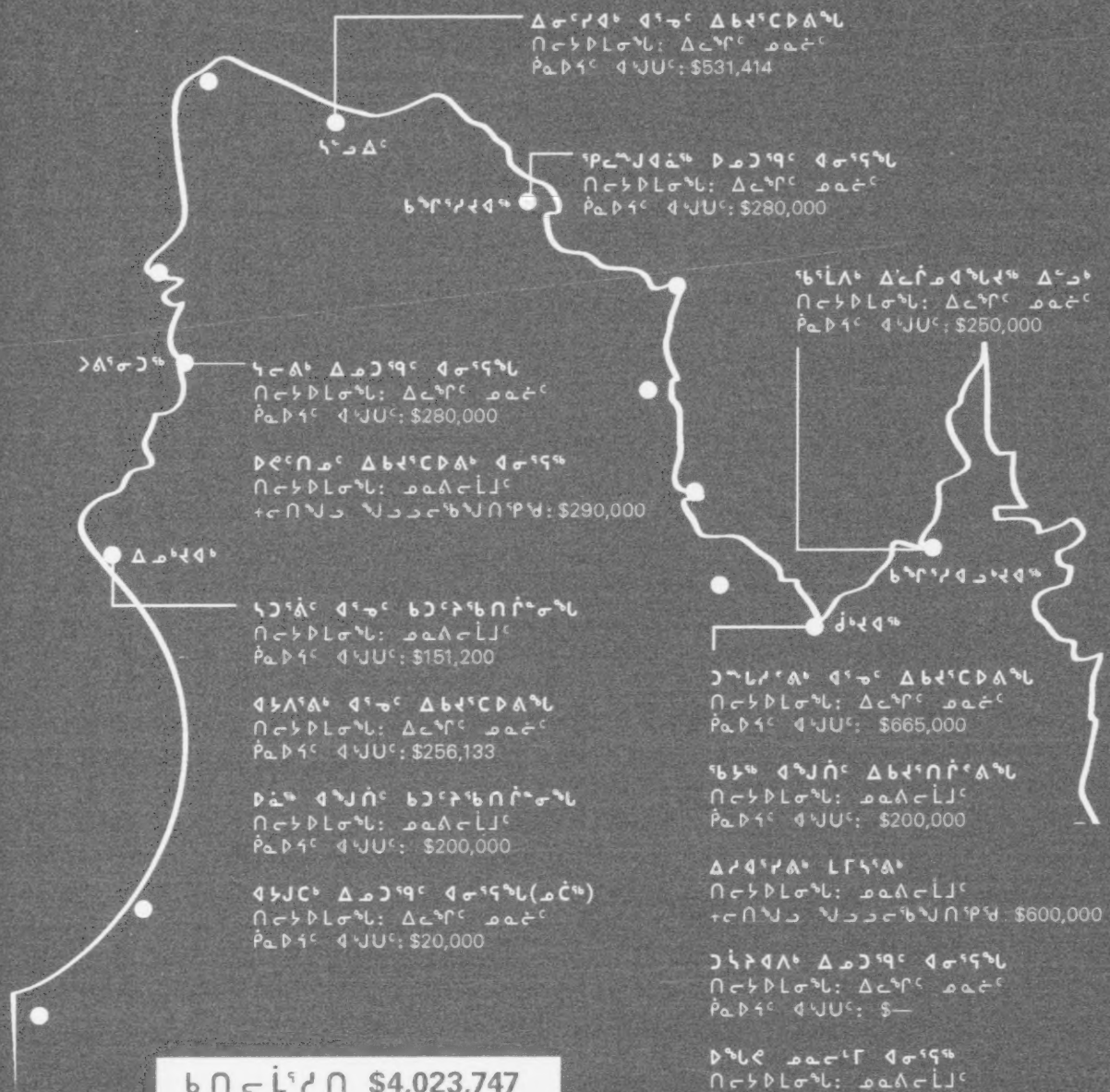
ᓄᓇᓕᓐᓂ ᑎᒥᐅᔪᑦ

◊ ᐅᒃᑯᐃᑕᐅᓂᖅᒪ ᖃᕐᒫᐱᒃ ᐃᓕᒋᑦ ᐃᑲᔪᕐᑕᐅᐃᖅᒪ ᑲᖅᒋᕐᓯᐊᓗᒃᔪᐊᒥ

◊ ᐃᑲᔪᕐᓯᒍᑏᑦ ᐊᔪᒍᑕᖅ ᐃᓄᑐᕐᖓ ᐊᓂᕐᖏᔭᖕᒪᑕ ᑲᑎᒪᔨᖕᒋᓐᓂᒃ ᐱᓇᓱᑦᑎᑖᕐᑎᓗᒋᑦ ᐱᓇᓱᐊᕐᑕᐅᔪᒥᒃ ᓯᕗᓕᕐᑎᐅᓚᖕᒪᔪᒥᒃ ᑲᒪᒋᔭᖕᑲᓚᖕᒪᓗᓂ ᓴᓇᓃᑦ ᐱᒋᐊᕐᑎᑕᐅᓂᖕᒋᓐᓂᒃ

◊ ᐃᑲᔪᕐᓯᒍᑏᑦ ᐱᐅᓯᕐᔫᑎᒥᒃ ᐊᐅᓚᒍᑎᖕᒋᓐᓂᑦ ᓄᓇᓕᓐᓂ ᑎᒥᐅᔪᐃᑦ (ᐊᐅᓚᒍᑎᓄᑦ ᑮᓇᐅᔭᑦ ᑐᕌᒐᓕᐅᕐᑕᐅᓂᖕᒋᓐᓄᑦ, ᐱᓇᓱᐊᕐᑕᐅᓯᒪᔪᓂᒃ ᑐᓴᕐᑎᓯᐅᑎᓂᒃ, ᓇᓪᓕᐅᑎᑦᑕᑐᓂᒃ ᑲᒪᒋᔭ ᖃᕐᓂᒎᓕᖕᒪᔪᓂᒃ ᐱᓇᓱᐊᓇᐊᓕᓐᓂᒃ)

ᓄᓇᓕᖕᓂ ᑎᒥᐅᔪᐃᑦ ᑮᓇᐅᔭᖅᑎᑕᐃᓐᓂᑦ 2014-2015



ᐱᐊᕋᕐᓄᑦ – ᐅᕕᒃᑲᓄᑦ – ᐃᓚᒦᓄᑦ (ᐱ-ᐅ-ᐃ)

ᐱᐊᕋᕐᓄᑦ ᐅᕕᒃᑲᓄᑦ ᐃᓚᒦᓄᑦᓗ ᐃᑲᔪᕐᓯᒪᐅᑎᑦᓴᓂᒃ ᐱᓇᓱᐊᖃᑎᒌᑦᑐᑦ ᑲᒪᒋᔭᖃᓇᐊᓖᑦ ᐃᑦᐱᒍᓱᑦᑎᐅᓗᑎᒃ ᐱᓇᓱᐊᕐᑎᓯᒍᑎᓄᒃ ᐱᑕᖃᕐᑎᓯᒍᑎᓄᑦ ᐱᑦᔪᔾᒍᑎᓂᒃ ᐱᐊᕋᕐᓈᓕᖓᔪᓂᒃ. ᐅᕕᒃᑲᓈᓕᖓᔪᓂᒃ ᐃᓚᒦᓈᓕᖓᔪᓂᑦᓗ ᓄᓇᕕᒻᒥ. ᐱᓇᓱᐊᖃᑎᒌᑦᑐᐃᑦ ᐱᓇᓱᓗᐊᙳᐊᓚᖓᔭᖓᑦ ᐃᑦᐱᒍᓱᑦᑎᐅᒋᐊᖃᓚᖓᔪᑦ ᑲᔪᓯᑎᑕᐅᓂᖏᓐᓂᒃ ᑯᐯᒻᒥ ᐃᓗᓯᓚᓇᓂᕐᒥ ᐃᓄᓚᓇᓂᕐᒥᓗ ᑐᕐᖃᑕᕐᕕᑯᑦ ᐱᑦᔪᔾᒍᑎᓂᒃ ᐱᑕᖃᕐᑎᓯᒍᑎᖏᓐᓂᒃ ᐅᕕᒃᑲᓄᑦ ᐱᔭᕐᓃᓕᐅᕐᑐᓄᑦ (2007-2015). ᐱᓇᓱᐊᖃᑎᒌᑦᑐᐃᑦ ᐱᓇᓱᖃᑎᓕᓇᓱᑦ ᓄᓇᕕᒻᒥ ᐱᓇᓱᐊᖃᑎᒥᓂᒃ ᑕᒪᒋᓐᓂ ᐋᓐᓂᐊᕕᓐᓂ ᐊᒻᒪᓗᑦᑕᐅᖅ ᓄᓇᓕᒻᒥ ᑎᒥᐅᔪᓂᒃ ᐱᕝᓕᐊᑎᑦᓯᖏᓐᓇᕈᒪᒍᑦ ᐃᓱᐊᕐᑐᓂᒃ ᐊᒻᒪᓗ ᐊᑐᕐᓂᖃᑦᓯᐊᑐᓂᒃ ᑲᔪᓯᐅᑦᔭ ᐅᓯᐊᕐᑐᓂᒃ ᐱᑦᔪᔾᒍᑎᓂᒃ ᐅᕕᒃᑲᓄᐊᖓᔪᓂᒃ ᐃᑭᐅᓕᓐᓄᑦ ᐅᒪ 18ᒍᑦ ᐃᓚᖏᓐᓄᓗ. ᐱᐊᕋᕐᓄᑦ ᐅᕕᒃᑲᓄᑦ ᐃᓚᒦᓄᑦᓗ ᐃᑲᔪᕐᓯᒪᐅᑎᓂᒃ ᐱᓇᓱᐊᖃᑎᒌᑦᑐᑦ ᐊᔪᐃᓐᓇᕈᑎᖃᓲᑦ ᐃᑲᔪᕐᓯᒪᓂᕐᒥᓂᒃ ᐱᕝᓕᐊᑎᑕᐅᒍᑎᖏᓐᓄᑦ ᐱᑦᔪᔾᒍᑏᑦ ᐃᓗᕐᕈᓯᕐᒎᓕᖓᑦᓯᐊᑎᑦᓗᒋᑦ ᐊᒻᒪᓗ ᑭᖑᒫᒪᒋᔭᐅᑦᓚᓇᑦᑐᓂᒃ ᓄᓇᕕᒻᒥ.

ᓄᓇᕕᒻᒥ ᒪᓕᑦᑕᐅᒋᐊᓕᒃ ᐊᑦᔾᒦᖏᑦᑐᑦ-ᐱᓇᓱᑦᕕᑦ ᐊᖏᕐᑲᑎᒌᒍᑎᖓ

ᐊᑦᔾᒦᖏᑦᑐᑦ-ᐱᓇᓱᑦᕕᑦ ᐊᖏᕐᑲᑎᒌᒍᑎᖓ ᑐᕌᕐᓂᓕᒃ ᐱᑕᖃᕐᑎᓯᖏᕕᒋᑎᐅᓗᓂ ᐱᐅᓂᕐᐸᐅᒍᓐᓇᕕᓕᒫᒥᓈᕐᑐᓂᒃ ᓴᐳᒻᒥᒍᑎᓂᒃ ᐱᑕᖃᕐᑎᓯᒍᑎᐅᓗᑎᓗ ᐃᑲᔪᕐᓯᒍᑎᐅᒋᐊᓕᓐᓂᒃ ᐱᐊᕋᕐᓂᒃ ᐱᓗᑲᑦᑕᐅᓯᒪᔪᓂᒃ ᓄᓕᐊᕐᓂᓗᑕᐅᓯᒪᓂᑯᑦ, ᐱᒋᐊᖃᑦᑕᑕᐅᓂᒃᑯᑦ ᐅᕝᕙᓘᓐᓃᑦ ᑲᒪᒻᒋᓗᑦᑕᐅᕕᖓᓯᒪᓂᒃᑯᑦ ᐊᑦᑕᓇᕐᑐᒦᒍᑎᖃᓚᕿᓕᕐᑐᓂᒃ ᑎᒥᒥᒍᑦ ᖃᓄᐃᖏᓯᐊᓇᐊᖃᕐᓂᑯᑦ. ᓄᓇᕕᒻᒨᓕᖓᔪᓂᒃ ᑲᑎᒪᔾᔪᓂᒃ ᐱᒋᐊᕐᑎᑕᐅᒋᐊᓕᕐᕿᓯᒪᔪᖃᓕᕐᑐᖅ ᐃᑦᐱᒋᔭᐅᑦᓯᐊᕈᑎᖏᓐᓄᑦ ᐱᓇᓱᑦᑕᐅᔪᐃᑦ ᐱᕝᓕᐊᑎᑦᓯᒍᑎᓂᒃ ᐊᑦᔾᒦᖏᑦᑐᑦ-ᐱᓇᓱᑦᕕᑦ ᒪᓕᒋᐊᓕᖓᓂᒃ ᐃᓕᖓᓕᓗᑐᕐᑎᓗᒍ ᓄᓇᕕᒻᒨᑦ, ᑕᒪᓐᓇ ᐱᑕᖃᓇᐊᖃᕐᓯᓂ ᐱᒍᑦᔾᐅᑏᑦ ᑲᔪᓯᑎᑕᐅᑦᓯᐊᕈᑎᖏᓐᓂᒃ ᐅᕕᒃᑭᑦ ᓴᐳᒻᒥᔾᔭᖏᓐᓂ, ᑲᑎᕕᒃ ᐳᓐᓯᒃᑯᓂ ᐊᒻᒪᓗ ᐃᕐᖃᑐᕋᕐᓴᖅᑐᕐᑎᓯᔾᔭᒃᑯᓂ. ᓄᓇᕕᒻᒨᓕᖓᔪᖅ ᒪᓕᑦᑕᐅᒋᐊᓕᒃ ᑎᒍᒻᒪᑦ ᐱᕝᓕᐊᔭᐅᓯᒪᓕᕐᑐᖅ ᐱᓇᓱᑦᑕᐅᒋᐊᓕᓐᓄᑦ ᑲᑎᒪᔾᔪᓄᑦ ᒪᓂᔭᐅᓯᒪᑦᓯᓂᓗ ᓄᓇᕕᒻᒨᓕᖓᔪᓄᑦ ᑲᑎᒪᔾᔪᓄᑦ ᐊᖏᕐᑕᐅᓂᑦᓴᒥᓄᑦ. ᐱᓇᓱᑦᑕᐅᒋᐊᓕᓐᓂᒃ ᑐᓴᐅᒪᔭᐅᑎᑦᓯᒍᑎᑦᓴᓂᒃ ᑕᒪᑦᓯᒥᖓ ᒪᓕᑦᑕᐅᒋᐊᓕᒻᒥᒃ ᐸᕐᓄᑕᐅᔪᖃᓕᕐᑐᖅ ᐅᓐᓗᑐᓯᐅᓛᕐᑐᒍᑦ. ᓄᓇᕕᒻᒥ ᑲᑎᒪᔾᔪᑦ ᐊᑦᔾᒦᖏᑦᑐᑦ-ᐱᓇᓱᑦᕕᑦ ᐊᖏᕐᑲᑎᒌᒍᑎᖓᓄᑦ ᑲᑎᒪᖃᑕᓕᖓᔾᔪᑦ ᒪᕐᕈᕕᓐᓗᑎᒃ ᐊᕐᕌᒍᑕᒫᖅ ᐃᑦᐱᒋᔭᖃᕐᓗᑎᒃ ᐊᑐᕐᑎᑕᐅᓂᖓᓂᒃ ᓄᓇᕕᒻᒥ ᒪᓕᑦᑕᐅᒋᐊᓕᐅᑦ ᐊᒻᒪᓗ ᑖᑦᓯᒪ ᐊᖏᖃᑎᒌᒍᑎᐅᑦ ᑲᔪᓯᑎᑕᐅᓂᖓᓂᒃ ᓄᓇᕕᓕᒫᒥ.

ᓄᓇᕕᒻᒥ ᑐᑭᒍᐊᑦᑎᓯᔾᔨ ᐅᕕᒃᑭᑦ ᓴᐳᒻᒥᔭᐅᓂᖏᓐᓄᑦ

ᖃᓄᕐᑑᕈᑎᐅᑦᓯᓂ ᓄᓇᕕᓕᒫᒨᓕᖓᓕᕐᑎᓯᓂᕐᒧᑦ ᐅᕕᒃᑭᑦ-ᓴᐳᒻᒥᔭᐅᓂᖏᓐᓄᑦ ᐱᑦᔾᔨᒍᑎᓂᒃ ᓄᓇᕕᒻᒥ. ᐱᓇᓱᑦᑎᓴᕐᓯᐅᕈᑕᐅᕐᑐᑦ ᑲᔪᓯᑎᑦᓯᒍᑎᑦᓴᑦ ᐱᓇᓱᑦᑎᑖᕈᓂᒃ ᓄᓇᕕᒻᒥ ᑐᑭᒍᐊᑦᑎᓯᔾᔨᒥᒃ ᐅᕕᒃᑭᑦ ᓴᐳᒻᒥᔭᐅᓂᖏᓐᓄᑦ ᐱᑦᔾᔨᒍᑎᓂᒃ ᓄᓇᕕᒻᒥ. ᑎᓕᔭᐅᒪᒍᑎᖓ ᐃᑦᐱᒋᔭᖃᕐᑲᖃᓕᖓᔪᖅ ᐱᑕᖃᕐᑎᑕᐅᓂᖏᓐᓂᒃ ᐱᑦᔪᔾᒍᑏᑦ ᐱᐊᕋᕐᓈᓕᖓᔪᑦ, ᐅᕕᒃᑲᓈᓕᖓᔪᑦ ᐃᓚᒦᓈᓕᖓᔪᓗᑦ ᒪᓕᑦᓯᒋᑦ ᐅᕕᒃᑭᑦ ᓴᐳᒻᒥᔭᐅᓂᖏᓐᓄᑦ ᐱᑦᔪᔾᒍᑏᖅ, ᐅᕕᒃᑭᑦ ᐱᑦᔭᔭᕐᒥ ᓯᑦᔪᒥᑦᓯᓯᒪᔪᑦᓈᓕᖓᔪᖅ ᐱᑦᔪᔭᖅ ᐊᒻᒪᓗ ᐱᑦᔪᔭᑦᓂᒃ ᑎᒍᐊᑦᓂᒫᓕᖓᔪᓂᒃ. ᐊᒥᓱᓄᑦ ᑲᒪᒋᔭᕆᐊᖃᓚᖓᔭᕐᒥᓄᑦ ᐃᓚᒋᔭᐅᑎᑦᓗᒍ, ᓄᓇᕕᐅᑦ ᑐᑭᒍᐊᑦᑎᓯᔾᔨᖏᑦ ᐅᕕᒃᑭᑦ ᓴᐳᒻᒥᔭᐅᓂᖏᓐᓄᑦ ᑲᒪᒋᐊᖃᓚᖓᒻᒥᔪᑦ ᓂᐱᖃᑦᑎᓯᔾᔨᐅᓗᑎᒃ ᐱᐊᓗᑦ ᐱᔪᓐᓇᐅᑎᖏᓐᓂᒃ, ᑐᑭᓯᒪᑎᑦᓯᔾᔨᐅᓗᑎᒃ ᓄᓇᓕᓐᓂᒃ ᐱᑦᔪᓐᓇᓯᒍᑎᑦᓴᓯᐅᕆᓗᑎᒃ ᐱᓇᓱᐊᕐᓗᑎᒃ ᐱᐅᓯᒋᐊᕐᑎᓗᒋᑦ ᖃᓄᐃᓕᖓᔪᒥᓐᓂᖏᑦ ᐱᐊᓗᑦ ᐱᕈᕐᓴᔭᐅᓂᖏᓐᓄᑦ ᐊᑦᑕᓇᕐᑐᒦᒋᐊᖃᖏᓂᖏᓐᓄᓗ. ᐊᐱᕐᓯᑕᐅᓯᒪᔪᖃᓕᕐᑐᖅ ᐱᓇᓱᕐᖁᕐᓯᑦᑐᓂᒃ ᐊᒻᒪᓗ ᑐᑭᒍᐊᑦᑎᓯᔾᔨᐅᓛᕐᑐᑦ ᑎᓕᔭᐅᑦᓴᐅᑎᒋᓛᕐᓯᑎᒃ ᓯᕗᓂᕐᒥ. ■

ᓇᐅᓕᒫᓂᒃ ᐃᓗᓯᓕᓇᓂᕐᒧᑦ ᐊᓪᓚᐃᒃ

ᓱᒪᑦᓴᖅᑭᓯᒍᑎᑦᓴᑦ ᓇᐅᓕᒫᓂᒃ ᐃᓗᓯᓕᓇᓂᕐᓈᓕᖅᒪᔪᑦ ᐊᑦᔨᒌᖅᑭᑐᑦ ᐃᓕᒃᑰᑎᕐᓯᒪᑎᓪᓗᒋᑦ ᐱᓇᓱᒪᑦᓴᓕᐊᓇᔭᐅᕙᑦᑐᑦ:

◊ ᐃᑯᓪᓚᑎᑦᓯᒪᓯᐊᕈᑎᑦᓴᑦ ᐱᓇᓱᑦᑕᐅᔪᑦ: ᐁᑦᑐᑑᑎᐅᓲᑦ ᐋᓐᓂᐊᑦ, ᐊᕙᑎᑦᑕ ᖃᓄᐃᖅᑭᓯᐊᓇᐊᖃᕐᓂᖅᒪ ᐊᒻᒪᓗ ᐱᓇᓱᕝᕕᒥ ᖃᓄᐃᖅᑭᓯᐊᓇᐊᖃᕐᓂᖅ;

◊ ᖃᐅᔨᒪᑎᑦᓯᒍᑎᑦᓴᑦ ᐱᓇᓱᑦᑕᐅᔪᑦ ᓄᓇᕗᒻᒥᐅᑦ ᖃᓄᐃᖅᑭᓯᐊᓇᐊᖃᕐᓂᖅᒪᓅᓕᖅᒪᔪᑦ;

◊ ᐱᓇᓱᑦᑕᐅᔪᑦ ᐃᑯᓪᓚᑎᑦᓯᒋᐊᕈᑎᑦᓴᑦ ᐋᓐᓂᐊᓂᒃ, ᐃᓱᒪᒃᑯᑦ ᐃᓅᓯᒃᑯᓗ ᐱᓐᓄᓗᑕᐅᔪᓂᒃ ᐊᒻᒪᓗ ᖁᐊᕐᓴᖅᒪᓇᕐᑐᑰᕈᑕᐅᓯᒪᔪᓂᒃ;

◊ ᑲᔪᓯᔪᒥᒃ ᐃᕐᐱᒋᔭᐅᓂᖅᒪ ᓄᓇᕗᒻᒥᐅᑦ ᖃᓄᐃᖅᑭᓯᐊᓇᐊᖃᕐᓂᖅᒪ ᐃᕐᐱᒍᓱᑦᓯᐊᓇᐊᖃᕐᓂᖅᑭᑦᓗ.

ᑖᓐᓇ ᑐᓴᕐᑎᓯᒍᑎᒃ ᐊᓪᓚᑕᐅᒋᐊᖅᖅᒪᑐᐃᓂᖅ ᑕᑦᐱᑯᐊ ᐃᓕᒃᑯᑦ ᐱᓇᓱᑦᑕᐅᒋᐊᖃᕐᓂᖅᑭᑦ ᑐᖅᖅᒪᐃᒋᑦᓯᒋᑦ.

ᓴᐳᒻᒥᓂᖅ ᓇᐅᓕᒫᑦ ᖃᓄᐃᖅᑭᓯᐊᓇᐊᖃᕐᓂᖅᑭᓐᓂᒃ: ᐁᑦᑐᑑᑕᐅᓲᑦ ᐋᓐᓂᐊᑦ, ᐊᕙᑎᑦᑕ ᖃᓄᐃᖅᑭᓯᐊᓇᐊᖃᕐᓂᖅᒪ ᐊᒻᒪᓗ ᐱᓇᓱᕝᕕᒥ ᖃᓄᐃᖅᑭᓯᐊᓇᐊᖃᕐᓂᖅ

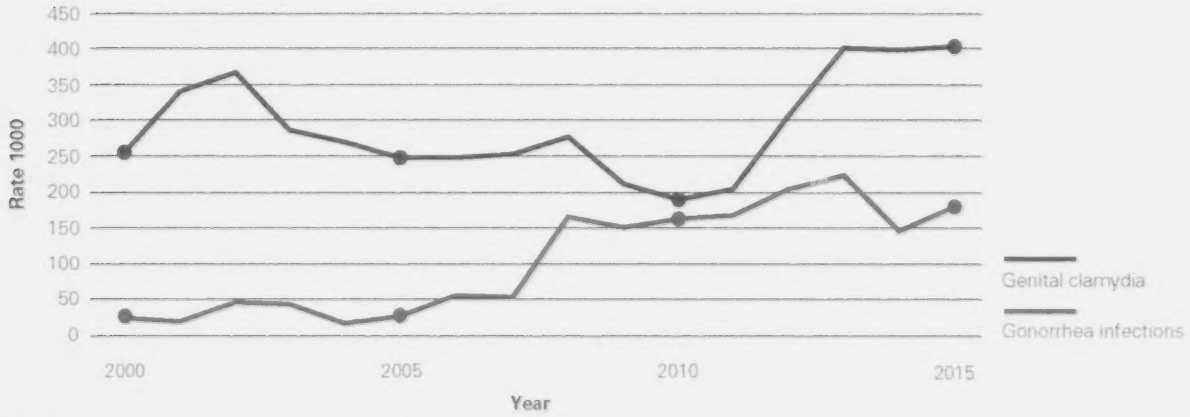
ᐁᑦᑐᑑᑕᐅᓲᑦ ᐋᓐᓂᐊᑦ

ᓄᓕᐊᕐᓂᑯᑦ ᐊᐅᒃᑯᓗ ᐁᑦᑐᑑᑕᐅᓲᑦ ᐋᓐᓂᐊᑦ

ᐁᑦᑐᑑᑕᐅᓂᖅᒪ ᐋᓐᓂᐊᑦ *Chlamydia trachomatis* ᑎᒣᓕᖅᒪᑦᓴᓇᕐᑐᐃᓂᖅ ᓄᓇᕗᒻᒥ 2015-ᒥ. ᖁᑦᑮᒍᑦᑕᐅᖅ, ᐁᑦᑐᑑᑕᐅᓂᖅᒪ ᐋᓐᓂᐊᑦ gonococcal 2014-ᒥ ᐃᑯᓪᓚᓕᕐᓂᒥᔪᖅ, 10,000-ᒍᑦᑮᑕ ᐃᓄᐃᑦ 147-ᒍᓕᕐᓂᒪᑕ 180-ᒍᑦ ᐁᑦᑐᑕᐅᓯᒪᔪᑦ. ᑭᓯᐊᓂᓕ, ᑕᒪᓐᓇ ᐃᑯᓪᓚᔪᖅ 2013-ᒍᓚᐅᕐᓯᒪᒻᒪᑦ. 10,000-ᒍᑦᑮᑕ ᐃᓄᐃᑦ 225-ᒍᓕᕐᓂᒪᑕ ᐁᑦᑐᑕᐅᓯᒪᔪᑦ.

ᑐᑭᓯᑎᑦᓯᒍᑎᒃ 1: ᓇᓕᒃᑳᑯᑦ ᐁᑦᑐᑑᑕᐅᓲᓂᒃ ᐋᓐᓂᐊᓐᑦ genital chlamydia, gonococcal ᓄᓇᕗᒻᒥ, 2000-2015-ᒥ

Table 1: Rate of incidence of genital chlamydia and gonococcal infections in Nunavik, 2000-2015



ᐱᓯᒪᔭᐳ: ᓄᓇᕗᒻᒥ ᓇᐅᓕᒫᓂᒃ ᐃᓗᓯᓕᓇᕗᒻᒥ. ᐁᓇᓕ 2016 / ᑯᐁᒃᒥ ᐃᓗᓯᓕᓇᓂᒃᒥᒃ ᐱᒍᒃᑭᓂᒃᓄᑦ ᑐᒃᑲᑕᒃᐱᑯᓐᓂᒃ / *Estimations et projections démographiques* (1981-1995: ᐁᓇᓕ 2012-ᒥᓂᑕᒃᓂᒃ, 1996-2036 / *LSPQ*, Provincial *MADO* files / ᓇᐅᓕᒫᓂᒃ ᐃᓗᓯᓕᓇᓂᕐᓈᓕᖅᒪᔪᓂᒃ ᑐᑭᓯᐊᕐᓴᑦ *Institut national de santé publique du Québec*, ᑐᓴᕐᑎᓯᒍᑎᑦ ᐁᓇᓕ 7, 2016-ᒥᓂᑌᒃ.

ᓄᑕᐅᓯᓕᕐᑕᐅᓯᒪᓕᕐᑐᑦ ᐃᑲᔪᕐᑏᑦ ᐱᓇᓱᐊᖃᑦᑕᓂᐊᕐᓂᖏᑦ ᐱᒍᑦᔨᔨᑦ ᐱᓇᓱᐊᓇᐊᓕᖏᓐᓂᒃ ᐱᔭᕇᕐᑕᐅᓯᒪᔪᑦ. ᓄᓇᐃᒻᒥ ᐱᒍᑦᔭᐅᐃᓕᒫᓂ ᐊᑐᕐᑕᐅᓲᑦ. ᓄᑖᑦ ᐱᓇᓱᑦᑕᐅᔪᑦᓴᑦ ᐱᒋᐊᕐᑎᑕᐅᒋᐊᐃᑦᑐᑦ ᓄᓇᐃᒻᒥᐅᑦ ᐱᒍᑦᔭᐅᒍᑎᖏᓐᓂᒃ ᐃᑲᔪᕐᓯᒋᐊᓐᓚᒋᑎᑦᓴᑦ. ᐱᓗᐊᕐᑐᖅ ᓯᑲᑦᑐᒥᒃ ᖃᐅᔨᓴᕐᑕᐅᓃᑦ. ᖃᐅᔨᓴᕐᑕᐅᓃᑦ ᐋᓐᓂᐊᐃᐊᐃᑦ ᓯᓚᑖᒍᕐᑐᑦ ᐊᒻᒪᓗ ᓄᑖᑦ ᐱᒍᑦᔨᐅᑏᑦ ᐊᑕᐅᓯᐅᑦᑎᑐᓂᒃ ᐋᓐᓂᐊᓕᓐᓂᒃ ᓄᓕᐊᕐᓂᑯᑦ ᐊᐅᒃᑯᓗ ᐅᑦᑐᑑᑕᐅᓲᓂᒃ ᐊᒻᒪᓗ ᐅᑦᐸᓇᖃᑦᑕᑕᖏᑦᑕ ᖃᐅᔨᓴᕐᑕᐅᓴᐅᑎᒋᖃᑦᑕᒋᑎᑦᓴᖏᓐᓂᒃ.

ᓲᑭᐊᒍᒐᓗᐊᖅ, ᐅᑦᐸᓈᑦᓯᐊᓇᐊᖃᕐᓂᒥᒃ ᐃᓕᓴᒍᑎᑦᓴᑦ ᐃᓕᓴᒍᑎᐅᖃᑦᑕᕋᑦᖏᒪᑕ ᓄᓇᐃᒻᒥ ᐃᓕᓴᕐᐃᓕᒫᓂ. ᑕᒪᓐᓇ ᐱᑦᔪᑎᐅᑎᓪᓗᒍ, ᓴᐳᑦᔭᐅᒍᒪᒋᐊᖃᓕᕐᑯᒍᑦ ᐱᓇᓱᖃᑎᑦᑎᓄᑦ, ᑲᑎᐃᒃ ᐃᓕᓐᓂᐊᓂᓕᓇᓂᒃᑯᓄᑦ ᐃᓕᓴᕐᐃᓄᓪᓗ, ᐱᓂᐊᕐᓂᖃᕐᓂᓴᐅᓗᑕ. ᓄᓇᓕᒻᒥ ᓯᐳᓕᕐᑏᑦ ᐃᓚᐅᖃᑦᑕᑎᓪᓗᒋᑦ ᐱᕝᓕᕐᑯᑎᐅᓂᕐᓴᐅᒐᔭᕐᑐᖅ ᑕᒪᓐᓇ ᐱᒻᒪᓇᐊᓗᒃ ᑲᔪᓯᓂᖃᓚᖓᑐᐊᕐᐸᑦ.

ᑐᓴᐅᒪᑎᑦᓯᒍᑎᑦᓴᑦ ᐸᕐᓂᑕᐅᔪᑦ ᑕᒪᑕᒪ. ᑐᕋᒐᖃᕈᑕᐅᑦᓯᑎᒃ ᐃᑲᔪᕐᓯᒋᐊᕐᓂᒥᒃ ᐅᕕᒐᕐᑐᓂᒃ ᖃᐅᔨᓴᕐᑕᐅᒍᒪᓚᖑᒍᓐᓇᓯᕐᑯᑦᓯᒋᑦ. ᖃᐅᔨᓴᕐᑕᐅᓂᖃᕐᑎᓗᒋᑦ ᒪᒥᓴᐅᑎᑦᓴᖃᕐᑎᓗᒋᓪᓗ ᐅᑦᑐᑕᐅᓯᒪᔪᑦ ᐃᑯᓪᓚᐅᒥᕐᑯᑦᓯᒍ ᐅᑦᑐᑑᑕᐅᓂᖅᒪ ᓄᓇᐃᒻᒥ ᐊᖏᔪᒻᒪᓇᐊᓗᓕᕐᒪᑦ. ᐱᓇᓱᑦᑕᐅᓂᖅᒪ ᖃ ᐊᒻᒪᓗ ᑐᓴᐅᒪᑎᑦᓯᒍᑎᑦᓴᑦ ᐸᕐᓂᑕᐅᓯᒪᓂᖅᒪ ᐱᔭᕇᕐᑕᐅᓯᒪᔪᑦ: ᓇᐅᓕᒫᓂᒃ ᑐᓴᐅᒪᑎᑦᓯᒍᑏᑦ ᑐᓴᐅᒪᑎᑦᓯᒍᑎᐅᓯᒋᐊᓛᕐᑐᑦ 2016 ᐃᓱᓕᓂᖅᒪᓂ.

ᐅᑦᐸᓈᑦᓯᐊᓇᐊᖃᕐᓂᒍᑦ ᑐᕋᒐᓕᐊᒍᓯᒪᔪᑦ 2016-ᒥ:

- ᖃᐅᔨᓴᕐᓂᒍᑦ ᐱᒍᑦᔨᐅᑎᑦᓴᑦ ᐃᑲᔪᕐᓯᒍᑎᒋᒋᐊᕐᓗᒋᑦ;
- ᑐᓴᐅᒪᖃᑎᒋᑦᓯᐊᓇᐊᕐᓗᒋᑦ ᐋᓐᓂᐊᓖᑦ ᓄᓕᐊᕐᓂᑯᑦ ᐊᐅᒃᑯᓗ ᐅᑦᑐᑕᐅᓲᓂᒃ;
- ᐅᑦᐸᓈᑦᓯᐊᓇᐊᖃᕐᓂᒥᒃ ᐃᓕᓴᒍᑏᑦ ᐃᓕᓴᕐᐃᓂ ᐅᓄᕐᓂᓴᓂ ᐃᓕᓴᒍᑎᒋᖃᑦᑕᓗᒋᑦ;
- ᑐᓴᐅᒪᑎᑦᓯᒍᑎᑦᓴᑦ ᐸᕐᓂᑕᐅᓯᒪᓂᖅᒪ ᐊᑐᓕᕐᑎᓗᒍ.

ᐳᕝᓪᓗᓇᕐᑐᖅ

ᓄᓇᐃᒻᒥ 2015-ᒥ ᐳᕝᓪᓗᓇᕐᑑᑦ ᐅᑦᑐᑑᑕᐅᓂᖅᒪ ᐱᓇᓱᐊᕐᑕᐅᒋᐊᖃᒻᒪᓇᓚᐅᔪᐳᖅ, ᐊᕝᑎᑦ ᒪᕐᕈᑦ ᐱᖅᒪᓯᓪᓗ ᐳᕝᓪᓗᒥᐊᖏᑦ ᓱᕐᕐᑯᐃᑕᐅᓯᒪᓚᐅᔪᒻᒪᑕ 100,000-ᒍᑦᐸᑕ ᐃᓄᒋᐊᓐᓂᖏᑦ ᐃᓄᐃᑦ 327.89 ᐳᕝᓪᓗᑐᐃᓃᑦ ᐆᑦᑐᕋᐅᑎᒋᒍᓐᓇᕈᑦᑎᒍ 2014-ᒥᓂᑕᕐᓄᑦ ᑐᑭᓯᒪᐅᑎᓄᑦ (100,000-ᒍᑦᐸᑕ ᐃᓄᒋᐊᓐᓂᖏᑦ ᐃᓄᐃᑦ 236.05 ᐳᕝᓪᓗᑐᐃᓂᐅᑎᓪᓗᒋᕐ). ᑯᐯᒃᒥ 2014-ᒥ, (100,000-ᒍᑦᐸᑕ ᐃᓄᒋᐊᓐᓂᖏᑦ ᑯᐯᒃᒥᐅᑦ 2.94 ᐳᕝᓪᓗᑐᐃᓂᐅᑎᓪᓗᒋᑦ.

ᓴᓪᓗᓂ ᐳᕝᓪᓗᓇᕐᑐᖅ

ᓴᓪᓗᓂ 2015-ᒥ ᐊᒥᓱᒻᒪᓈᑦ ᖃᐅᔨᓴᕐᑕᐅᓂᖃᓚᐅᔪᐳᑦ, ᐳᕝᓪᓗᑐᑦ ᐊᒥᓲᖃᑦᑕᓕᕐᓂᖏᓐᓄᑦ, ᐱᓗᐊᕐᑐᖅ ᐊᐅᔭᐅᑎᓪᓗᒍ ᐅᑭᐊᑦᓴᐅᑎᓪᓗᒍᓗ. 350-ᓃᑦᑐᑦ ᖃᐅᔨᓴᕐᑕᐅᓕᓚᐅᔪᐳᑦ ᓇᑭᑦ ᐱᔪᕕᓂᐅᒻᒪᖅᒐᑦ ᐅᑦᑐᑑᑕᐅᓂᖅᒪ ᖃᐅᔨᔭᕕᓂᐅᔪᖃᕐᑎᓗᒍ ᐳᕝᓪᓗᑐᖅ ᐅᑦᑐᑑᑕᐅᒍᓐᓇᑐᒥᒃ. ᓴᓪᓗᒥᐅᓕᒫᑦ ᖃᐅᔨᓴᕐᑕᐅᒋᐊᖃᓕᐅᔪᐳᑦ 2016-ᒥ ᖃᐅᔨᓴᕐᑕᐅᒋᕐᓯᒋᑎᒃ. ᑲᒪᒋᔭᐅᒻᒥᑐᐃᑦ ᖃᐅᔨᓴᕐᑕᐅᓚᐅᔪᐳᑦ ᑲᐱᔭᐅᑦᓯᒋᑎᒃ ᑕᕐᕋᑐᕐᑕᐅᓯᒋᑎᓪᓘᓃᑦ / ᒪᑦᑖᑎᑕᐅᑦᓯᒋᑎᓪᓘᓃᑦ ᐋᓐᓂᐊᓯᐅᕐᑕᐅᓯᒋᑎᓪᓗ ᐳᕝᓪᓗᓇᕐᑐᒥᒃ ᐅᑦᑐᑕᐅᓯᒪᓂᓇᓯᒪᔭᖅᒋᑦ ᒪᓕᑦᓯᒋᑦ.

ᑎᓯᒻᐱᓇ 31, 2015 ᑎᑭᑦᓯᒍ:

- 793 ᖃᐅᔨᓴᕐᑕᐅᓯᒪᓕᓚᐅᔪᐳᑦ;
- 38 ᐳᕝᓪᓗᓕᓈᕐᑐᐃᓃᑦ 2015-ᒍᓚᐅᕐᑎᓇᒍ;
- 481 ᑲᐱᔭᐅᑦᓯᒍᑎᒃ TST ᖃᐅᔨᓴᕐᑕᐅᓯᒪᔪᑦ;
- 211 (481-ᐃᓂᐅᑎᓪᓗᒋᑦ ᑲᐱᔭᐅᑦᓯᒍᑎᒃ TST ᖃᐅᔨᓴᕐᑕᐅᔪᑦ) ᐊᖏᓂᓕᒻᒥᒃ ᐳᓪᓕᓂᓕᐃᓃᑦ, ᖃᐅᔨᒍᑕᐅᑎᓪᓗᒍ ᐳᕝᓪᓗᓇᕐᑐᒥᒃ ᐅᑦᑐᑕᐅᓯᒪᔪᐃᓂᐅᒋᐊᖏᑦᑕ (LTI);
- 147 (69.7%) ᒪᒥᓴᐅᑎᑖᕐᓯᒪᓕᓈᕐᑐᐃᓃᑦ, 80% ᐅᖓᑖᓄᕐᑐᑦ ᒪᒥᓴᐅᑎᒥᓂᒃ ᐱᔭᕇᓯᐊᑎᓪᓗᒋᑦ;

◊ 575 ᖃᐅᔨᓴᕐᑕᐅᒋᐊᓪᓚᑐᐃᓃᑦ ᑲᐱᔭᐅᑦᓯᑎᒃ TST ᖃᐅᔨᓴᕐᑕᐅᓂᖃᕐᓕᕐᑎᓗᒍ;

◊ 62 ᐳᓪᓕᓕᕿᔪᐃᓃᑦ ᐊᖏᓂᓕᒻᒥᒃ 5 mm ᐊᖏᓂᕐᓴᒥᓪᓘᓃᑦ;

◊ ᐱᖓᓱᑦ ᐳᕙᓪᓗᑐᑦ ᖃᐅᔨᔭᐅᓚᐅᔪᕗᑦ ᖃᐅᔨᓴᕐᓂᖃᕐᑎᓗᒍ.

ᐳᕙᓪᓗᓇᕐᑐᓐᑦ ᐊᐅᓚᑕᐅᒍᓯᖓ

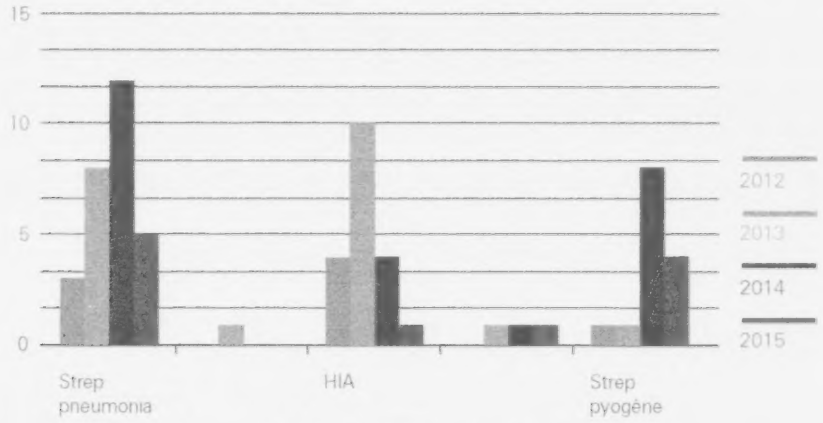
ᖃᓇᑕᐅᔭᒃᑯᑦ ᐊᐅᓚᑦᓯᒍᑎᑦᓴᓯᐅᕐᓂᒥᒃ ᐃᑦᐱᒍᓲᑎᑦᓴᓯᐅᕐᓂᒥᓪᓗ ᐳᕙᓪᓗᑐᓕᓇᓂᕐᒥᒃ ᑲᔪᓯᓚᐅᔪᕗᑦ ᓄᓇᕕᒻᒥ 2015-ᒥ. ᓴᓇᕐᕈᑎᑦᓴᓕᐊᒍᓯᒪᔪᑦ ᓇᓪᓕᖏᑦ ᓄᓇᕕᒻᒥ ᓇᐅᓕᒫᓂᒃ ᐃᓗᓯᓕᓇᓂᕐᒧᑦ ᐊᓪᓚᐱᐅᑦ ᑭᖑᒍᒪᒋᔭᖏᓐᓄᓕᖓᓐᓂᖏᒻᒪᑕ, ᐃᑲᔪᕐᓯᒪᔭᐅᓚᐅᔪᕗᒍᑦ ᖃᓇᑕᐅᔭᓕᓇᔨᖏᓐᓄᑦ *Institut national de santé publique du Québec (INSPQ)* ᐊᐅᓚᑦᓯᒍᑎᑦᓴᓕᐅᕐᓯᑕ ᑲᔪᓯᑎᑕᐅᒍᓇᐅᓛᕐᑐᒥᒃ 2016-ᒥ.

ᐊᓯᖏᑦ ᐋᓐᓂᐊᑦ ᑐᓴᕐᑎᓯᒍᑎᐅᒋᐊᖃᓲᑦ ***MADOs***

2015-ᒥ, ᓱᕐᑯᐃᑕᐅᓚᐅᔪᕗᑦ ᓱᒃᑯᓇᕐᑐᒥᒃ ᓂᕿᔪᐃᓃᑦ (type E), ᐊᑕᐅᓯᖅ ᐃᓅᒍᓐᓄᑎᓪᓗᒍ, ᓄᓇᕕᒻᒥ. ᐊᑕᐅᑦᓯᑯᖅᖏᑐᖅ ᐃᒣᓕᑦᓯᑎᒃ: ᐊᑕᐅᓯᖅ ᐃᒣᓕᑦᓯᓂ ᐊᒻᒪᓗ ᐱᖓᓱᑦ ᐊᑕᐅᑦᓯᑯᑦ ᐃᒣᓕᑎᓪᓗᒥᑦ. ᓇᑦᓯᕕᓂᕐᒍᑦ ᐃᒍᓇᕐᒍᑦ ᐊᒻᒪᓗ ᕿᓚᓗᒐᕕᓂᕐᒍᑦ ᖃᐅᔨᓴᕐᑕᕕᓂᐅᑦᓯᑎᒃ ᓯᕐᑯᐃᑕᐅᓚᐅᔪᑦ ᑐᕐᑯᓐᓇᑐᕐᑐᕕᓂᐅᒋᐊᖅᑦᑕ ᓂᕿᒥᒃ. ᓄᓇᕕᒻᒥ ᑭᖑᓪᓕᕝᒥ ᑐᓴᕐᓯᒪᔪᒍᑦ 1987-ᒥ ᓂᕿᒥᒃ ᓱᒃᑯᓇᕐᑐᑐᕕᓂᐅᔪᖃᕐᑎᓗᒍ ᐃᓅᒍᓐᓄᓯᓂ.

ᐃᑦᐱᒋᔭᐅᓯᒪᔭᖅ ᖃᓂᒪᓯᒪᔪᑦ ᖁᐱᕐᕈᐊᕈᓯᕐᒧᑦ ᑐᓴᕐᑎᓯᒍᑎᐅᑦᓯᑎᒃ ᐃᑭᓐᓂᓴᐅᓐᓂᒪᑕ 2015-ᒥ ᐃᐱᓂᐊᕐᓇᑐᒥᒃ *(Streptococcus pneumonia* (ᑕᓪᓕᒪᑦ), ᐊᐅᓪᓗᓇᕐᑐᒥᒃ *Haemophilus influenzae type A* ᕿᓯᑕᒪᑦᑕ, ᐊᓯᖏᓐᓂᒃ (ᐊᑕᐅᓯᖅ), pyogenic streptococcus (ᓯᑕᒪᑦ).

ᑐᑭᓯᑎᑦᓯᒍᑎᒃ 2: ᓄᓇᕕᒻᒥ ᖃᓂᒪᓯᒪᔪᑦ ᖁᐱᕐᕈᐊᕈᓯᕐᒧᑦ, 2012-ᒥᑦ 2015-ᒧᑦ



ᐱᔭᐱᓂᐳᕐ: ᐅᑭᐅᑦᑕᑐᒥ ᑭᑎᑕᐅᓯᒪᔪᓂᒃ ᑐᓴᕐᑎᓯᒍᑎᓂᒃ, 2012-2015

ᑲᐳᕐᑕᐅᓃᑦ

ᑎᓯᒻᐱᓇᐅᓚᐅᔪᒥ, ᑯᐯᒻᒥ ᑲᐳᕐᑕᐅᓃᑦ ᐊᓪᓚᑕᐅᓯᒪᐃᖓ ᓄᓇᕕᒻᒥ ᑲᔪᓯᑎᑕᐅᓯᓚᐅᔪᕗᖅ. ᑖᓐᓇ ᐊᓪᓚᑕᐅᓯᒪᐃᒃ ᓄᐃᑕᑎᑦᓯᕗᖅ ᑲᐳᕐᑕᐅᓯᒪᐅᑎᖏᓐᓂᒃ ᐊᑐᕐᑏᑦ ᑯᐯᒃᓕᒫᒥ ᖃᓇᑕᐅᔭᒃᑯᑦ ᑲᑎᕐᓯᑕᐅᑦᓯᑎᒃ *(e.g., I-CLSC).* ᓄᓇᕕᒻᒥ, ᑖᒃᑯᐊ ᑲᑎᕐᓯᑕᐅᓯᒪᔪᑦ ᓱᓇᒥᕐᑕᖅᖏᑐᑦ, ᑲᐱᔭᐅᒍᑎᐅᓯᒪᔪᓕᒫᑦ ᖃᓇᑕᐅᔭᕐᒍᑦ ᐊᓪᓚᑕᐅᕐᑕᖅᖏᒪᑕ. ᑕᒪᓐᓇ ᐱᒋᐊᕐᑎᑕᐅᓯᒪᓕᕐᑎᓗᒍ, ᑲᐱᓯᔪᐃᓂᓕᒫᑦ ᖃᓇᑕᐅᔭᕐᒍᑦ ᐊᓪᓚᒋᐊᖃᓲᒍᓕᕐᑐᑦ. ᐊᓪᓚᑕᐅᓯᒪᔪᑦ ᖃᐅᔨᒋᐊᕐᐱᔭᐅᑎᓪᓗᒥᑦ ᑲᐱᓯᓲᓕᒫᓄᑦ, ᐊᓯᖏᓐᓂᒃ ᖃᐅᔨᒋᐊᕐᓗᑎᓪᓘᖃᑦᑕᓗᑎᒃ, ᖃᓄᐃᑦᑐᓂᒃ ᑲᐱᔭᐅᒍᑎᖃᕐᑐᖃᕐᓯᒪᒻᒪᖕᒫᑦ ᑲᐱᓯᓚᐅᕋᑎᒃ. ᖃᑦᓲᓗ ᑲᐱᔭᐅᓯᒪᒻᒪᖕᒫᑕ ᖃᐅᔨᒪᐅᑎᑦᓯᐊᒍᑦᓯᑎᓪᓗ.

ᓄᓇᕕᒻᒥ ᓇᐅᓕᒫᓂᒃ ᐃᓗᓯᓕᓇᓂᕐᒥᒃ ᐱᓇᓱᑦᑏᑦ ᐊᓪᓚᐃᖓᓂ ᕿᓄᒍᑎᖃᕐᓯᒪᑎᓪᓗᒥᑦ,

ᖃᐅᔨᒪᔪᒻᒪᕆᑦ ᐱᓯᒪᔪᑦ *Comité d'immunisation du Québec (CIQ)* [ᑯᐯᒻᒥ ᑲᐱᔭᐅᓂᓕᕆᓂᕐᒧᑦ ᑲᑎᒪᔨᑦ] ᓄᑕᐅᓯᓕᕐᑎᕆᓚᐅᔪᕗᑦ ᒪᓕᒐᓕᐊᒍᓯᒪᔪᓂᒃ ᑲᔅᑎᒨᓕᖓᔪᓂᒃ BCG vaccine ᓄᓇᕕᒻᒥᐅᓄᑦ ᐊᑐᕐᑕᐅᓂᖓᓄᑦ. ᑲᑎᒪᔨᑦ *CIQ* ᑲᕐᑕᐅᒍᑎᐅᒋᐊᓪᓚᑐᑦᓴᐅᕐᑯᔨᓯᒪᔪᑦ ᑖᑦᓯᒥᖓ ᓄᓇᓕᓕᒫᓂ ᐊᕐᕌᒍᑕᒫᑦ ᕿᑦᓗᓇᕐᑑᑦ ᐁᑦᑐᑑᑕᐅᓂᖓ 1%-ᒥᑦ ᕿᕐᑐᓂᕐᓴᐅᑎᓪᓗᒍ. ᑲᐱᔭᐅᕐᑯᔭᐅᓂᕐᐸᐅᑎᓪᓗᒥᑦ ᐃᓅᓕᖅᑲᒦᑦ ᑲᒃᑲᓛᓪᓗ / ᐱᐊᓄᓪᓗ ᐅᑭᐅᖃᕋᑕᖅᑭᑐᑦ ᒪᕐᕈᓂᒃ. ᓯᑕᒪᑦ ᓄᓇᓛᑦ ᒪᓕᑦᑕᐅᔪᑦᓴᓕᐊᒍᓯᒪᔪᓂᒃ ᒪᓕᓚᐅᔪᕗᑦ: ᐃᓄᒃᔪᐊᖅ, ᑲᖏᕐᓯᐊᓗᑦᔪᐊᖅ, ᓴᓪᓗᐃᑦ ᐊᒻᒪᓗ ᐅᒥᐅᔭᖅ. ᑲᕐᑕᐅᕙᑦᑐᑦ ᑲᖏᕐᓯᐊᓗᑦᔪᐊᒥ ᐅᒃᑑᐱᕆ 2012-ᒥᓂᑦ ᐊᒻᒪᓗ ᓴᓪᓗᓂ ᐊᐅᒃᒍᓯ 2015-ᒥᓂᑦ ᑖᒃᑯᓈᓐᓂ ᓄᓇᓖᓐᓂ ᕿᑦᓗᓇᕐᑐᖅᑲᑦᑕᓂᖓᓄᑦ. ᐃᓄᒃᔪᐊᖅ ᐅᒥᐅᔭᕐᓗ ᐊᒻᒪᓗ ᑲᕐᑕᐅᕕᐅᓛᓕᕐᒥᑎᓪᓗᒥᒃ 2016-ᒥ.

ᐊᕙᑎᐅᑉ ᖃᓄᐃᖅᑭᓯᐊᕆᐊᖃᕐᓂᖓ

ᑕᕝᕙᓂ ᐊᕐᕌᒍᕐᒥ, ᐊᕙᑎᐅᑉ ᖃᓄᐃᖅᑭᓯᐊᕆᐊᖃᕐᓂᖓᓂᒃ ᐱᓇᓱᖃᑎᒌᒍᑎᓛᑦ ᐃᓚᒋᔭᐅᓚᐅᔪᕗᑦ ᐅᔭᕋᕐᓂᐊᕋᑦᓴᓕᕆᔪᓄᑦ ᐅᔭᕋᕐᓂᐊᕋᑦᓴᓯᐅᕐᓂᓄᓪᓗ ᓄᓇᕕᒻᒥ. ᐊᑕᐅᑦᓯᑰᕐᑎᓯᓂᖃᓚᐅᔫᑦ ᐊᑦᔨᒌᖅᑭᑐᓂᒃ ᐱᓇᓱᕝᕕᓂᑦ ᐱᓯᒪᑦᓯᑎᒃ ᐱᓇᓱᖃᑎᒌᑦᑐᓂᒃ ᐃᒣᓕᖓᔪᑦᓴᐅᕐᑰᕐᒪᓚᒍᑎᑦᓴᓕᐅᕐᓯᑎᒃ ᐃᓗᓯᓕᕆᓂᕐᒨᓕᖓᔪᓂᒃ ᐃᓅᓯᓕᕆᓂᕐᒨᓕᖓᔪᓂᓪᓗ ᐸᕐᓂᒋᑎᒋᑦᓯᒋᑦ ᑎᓕᔨᒍᑎᑦᓴᒥᒃ ᐱᓇᓱᑦᑕᐅᓂᑦᓴᖓᑕ ᐅᔭᕋᕐᓂᐊᓂᕐᓂᒃ ᐅᔭᕋᕐᓂᐊᑕᐅᓗᑭᓱᒍᖅᑭᑐᒥᒃ ᑕᓯᕐᒥ Strange Lake, ᓄᓇᕕᒻᒥ. ᑕᒪᒃᑯᐊ ᐃᒣᓕᖓᔪᑦᓴᐅᕐᑰᕐᒪᓚᒍᑎᓕᐊᒍᓯᒪᔪᑦ ᑲᑎᕕᒃ ᐊᕙᑎᖃᑦᓯᐊᕆᐊᖃᕐᓂᒍᑦ ᑲᑎᒪᔨᓅᕐᑕᐅᓯᒪᔪᑦ ᔪᓗ 2015-ᒥ, ᐅᖃᐅᓯᕐᑕᖃᕐᐳᑦ ᓄᓇᕕᒻᒥ ᐃᓗᓯᓕᕆᓂᕐᒧᑦ ᑲᑎᒪᔨᑦ ᐱᓇᓱᐊᕐᐸᑕᕐᒋᓐᓂᒃ ᐱᑦᓗᒥᑦ ᓱᕐᕋᐅᓐᓇᕐᑑᓱᑦ ᐃᓄᓐᓄᑦ ᑎᒥᒃᑯᑦ ᐃᓱᒪᒃᑯᓗ ᐃᓅᓱᒃᑯᓗ, ᑭᖑᓂᖃᕈᑕᐅᒍᓐᓇᑐᑦᓗ ᒪᕿᓐᓂᒍᑦ, ᐃᖃᑦᓕᐊᓂᕐᒧᑦ ᓄᓂᑦᓂᒍᑦᓗ, ᐊᒻᒪᓗ ᓱᕐᕋᑕᐅᓂᓇᓱᖅᑭᑦ ᖃᓄᐃᖅᑭᓯᐊᕆᐊᖃᕐᓂᒍᑦ ᐱᒍᑦᔨᐅᑏᑦ ᐃᓂᑦᓚᑕᐅᓯᒪᐅᑎᖅᑭᑦᑕ. ᑕᒪᑐᒥᖅᒪ ᐱᓇᓱᐊᓯᓚᐅᕋᑎᒃ ᑰᑦᔪᐊᒥ ᐱᒋᐅᕐᓴᓂᖃᕐᑎᑕᐅᕐᖄᑐᐊᓐᓂᑦ ᑐᕌᒐᖃᕐᓱᑎᒃ ᐸᕐᓂᓯᒪᑎᑦᓯᓯᐊᕐᓂᒥᒃ ᐱᓇᓱᑦᑎᓂᒃ ᐃᓱᒪᓘᑎᖃᓱᓂᒃ ᐃᓗᓯᓕᕆᓂᕐᒥᒃ ᐃᓄᓕᕆᓂᕐᒥᓗ ᐱᒍᑦᔨᐅᑏᑦ ᐅᑭᕝᕙᓘᓐᓂᑦ ᐸᕐᓂᑕᐅᓂᕆᐊᓕᖅᑭᑦᑕ ᐱᒍᑦᔨᐅᑏᑦ ᖃᓄᐃᖅᑭᓯᐊᕆᐊᖃᕐᓂᒍᑦ ᓱᕐᕋᑕᐅᒍᑎᒥᑐᐃᓐᓇᕆᐊᖃᕐᑕᖅᑭᓐᓂᒃ ᐅᔭᕋᕐᓂᐊᓂᕐᓄᑦ. ᐊᑦᔨᒐᓛᖓᓂᒃ ᐱᒋᐅᕐᓴᔭᐅᓂᖃᕐᓂᒥᔪᑦ ᑎᓯᑦᐱᓇ 2015-ᒥ ᑭᒡᒐᑐᕐᑏᑦ ᓄᓇᕕᒻᒥ ᑲᕙᒫᐱᒃᑯᓂᒃ ᓄᓇᒥᓪᓗ ᑎᒍᒥᐊᕐᑎᑯᓐᓂᒃ ᑐᓴᐅᒪᕐᑯᑦᓯᒋᑦ ᐅᔭᕋᕐᓂᐊᕕᓐᓂ ᐱᓐᓂᒃᓗᑐᐅᓯᓂᒃ ᐃᓄᓕᓛᑦ ᖃᓄᐃᖅᑭᓯᐊᕆᐊᖃᕐᓂᖅᑭᓐᓃᖅᓚᓕᖓᔪᓂᒃ, ᐃᓯᒪᒥᓗᐊᕐᓯᒋᑦ, ᐊᑦᔨᒌᖅᑭᑐᑦ ᐅᔭᕋᕐᓂᐊᕕᑦ, ᖃᓄᓪᓗᐊᑎᒥᒃ ᐱᓇᓱᐊᕐᕕᐅᓱᒍᓂᖅᑭᑦ ᓇᓃᓐᓂᖅᑭᓪᓗ ᓄᓇᒥ.

ᑕᕝᕙᓂ ᐊᕐᕌᒍᕐᒥ, ᐊᐅᓚᑦᓯᒍᑎᑦᓴᓕᐅᕐᐸᒥᔪᒍᑦ ᑐᓴᕐᑎᓯᒍᑕᐅᒋᐊᖃᕐᓂᖅᑭᓐᓂᒃ ᐋᓐᓂᐊᑦ ᐅᐊᕈᑎᒌᑦᑐᓂᑦ ᐱᓯᒪᔪᑦ (chemical *MADOs*) ᐊᒻᒪᓗ ᑭᖑᓂᖓᒍᑦ ᖃᓄᐃᓕᖓᓕᕐᒪᖔᑕ ᖃᐅᔨᒋᐊᕐᓂᒥᒃ ᑐᓴᕐᑎᓯᒍᑕᐅᓯᒪᔪᓂᒃ ᓄᓇᕕᒻᒥ ᓇᐅᓕᒫᓂᒃ ᐃᓗᓯᓕᕆᓂᕐᒥᒃ ᐊᓪᓚᕕᒻᒍᑦ. 2015-ᒥ, 76 ᑐᓴᕐᑎᓯᒍᑕᐅᓯᒪᔪᑦ ᐊᓪᓚᑕᐅᑦᓯᑎᒃ, ᐃᓅᓐᓇᑎᑲᓴᑎᒃ ᒧᑯᔨᒧᑦ ᓱᕐᕋᑕᐅᓂᕐᒨᓯᑎᒃ.

ᐊᕙᑎᐅᑉ ᖃᓄᐃᖅᑭᓯᐊᕆᐊᖃᕐᓂᖅᑭᓐᓂᒃ ᐱᓇᓱᖃᑎᒌᒍᑎᓛᑦ ᑲᒪᒋᔭᖃᓚᐅᔪᒻᒥᔪᑦ ᑐᓴᕐᑎᓯᒍᑎᐅᓯᒪᔪᓂᒃ ᕿᓄᒍᑎᐅᓯᒪᔪᓂᓪᓗ ᑐᓴᐅᒪᒍᒪᔪᓄᑦ ᐊᑦᔨᒌᖅᑭᑐᓂᒃ:

- ᐅᕐᓯᐊᓘᑦ ᑯᐱᕐᓂᖅᑭ;
- ᐅᕐᑯᕐᑕᖅ;
- ᐊᓪᓕᓂᕐᒥᓱᑦ ᖁᐱᕐᕈᐃᑦ;
- ᐊᓯᖅᒥᑦ.

ᐊᒻᒪᓗ, ᑲᖏᕐᓯᐊᓗᑦᔪᐊᒥ ᓯᐊᕐᓇᔭᕐᐱᒥ ᐱᓂᐊᕐᓂᖃᕐᑐᐱᓂᐅᑎᓪᓗᒍ ᐁᓇᓕ 2015-ᒥ, ᐸᕐᓂᕈᑎᖃᓕᐅᔪᕗᑦ ᐊᓪᓚᑕᐅᖃᑦᑕᓂᐊᕐᑎᓗᒥᑦ ᓯᐊᕐᓇᔭᕐᐱᒥ ᐱᓐᓂᓗᑕᓗᑌᑦ ᓄᓇᕕᒻᒥ ᓄᓇᓕᓕᒫᓂ ᐊᒻᒪᓗ ᑐᓴᐅᒪᑎᑦᓯᓂᕐᒥᒃ ᑲᖏᒃᑦᓯᑦᑎᓯᒋᐊᕐᓂᒥᓪᓗ ᑲᒪᔨᓂᒃ ᐱᒻᒪᓇᐅᒋᐊᖃᓂᒃ ᐃᑦᐱᒋᔭᐅᒋᐊᖃᕐᓂᖓᑕ ᐊᓂᕐᑎᓇᔭᐅᔫᑦ ᓯᐊᕐᓇᔭᕐᐱᑦ ᐃᓗᐊᓂ. ᐊᐅᓚᔨᔪᑦᓴᐅᔪᓯ 140 ᐅᖓᑖᓐᓂᕐᑐᑦ ᑐᕐᑯᓐᓇᑐᕐᑕᓕᒻᒥᒃ ᐳᔪᕐᒥᒃ ᓂᐅᕐᓯᔪᐃᓂᐅᓚᐅᔪᒻᒪᑕ ᓄᓇᓕᓕᒫᓂ ᐱᓯᒪᔪᑦ ᖃᑭᕐᑏᑦ ᐹᓐᑕᒻ ᐱᓕᐅᑦᔨᑎᓪᓗᒥᑦ ᑲᖏᕐᓯᐊᓗᑦᔪᐊᒥᐅᑦ ᓯᐊᕐᓇᔭᕐᐱᖓᓂ, ᓯᐊᕐᓇᔭᕐᐱᒥᒃ ᒪᓂᕋᐅᓴᐅᑎᒥᑦ (Zamboni) ᐳᔪᕐᓗᖅ nitrogen dioxide ᐱᔪᐃᓂᐅᒍᓇᐅᑎᓪᓗᒍ.

ᐅᐱᕐᖓᓴᐅᑎᓪᓗᒍ 2015-ᒥ, ᓇᐅᓕᒫᓂᒃ ᖃᐅᔨᒪᑎᑦᓯᒍᑏᑦ ᓄᐃᑕᑎᑕᐅᓚᐅᔪᕗᑦ ᓄᓇᓕᓐᓂ ᐱᑦᔪᑎᐅᑎᓪᓗᒍ ᐱᓪᓚᓇᐅᓂᖓ ᓴᐳᑦᔭᐅᓯᒪᒋᐊᖃᕐᓂᖅᑭᑦᑕ ᖃᓄᐃᖅᑭᓯᐊᕆᐊᖃᕐᓂᖅᑭᑦᑕ ᐳᐃᑦᔪᕋᓱᑦ ᐊᒻᒪᓗ ᐳᐃᑦᔪᕋᕐᐱᐅᑦ ᐃᒪᐅᑦ ᐃᒪᑦᓯᐊᒍᓂᕋᑦᑕᐅᓯᒪᓂᖓᑕ ᓱᓕᑎᑕᐅᓂᖓᓂᒃ.

ᐊᑦᑎᐅᑦ ᖃᓄᐃᖕᖕᒋᓯᐊᓇᐊᖃᕐᓂᖓᓂᒃ ᐱᓇᓱᖃᑎᒌᒍᑎᓐᑦ ᐱᓇᓱᖃᑎᖃᓚᐅᔪᖕᒍᑦ ᑲᑎᐃᒃ ᓄᓇᓕᓚᒫᑦ ᑲᑦᒪᖓᓂᒃ ᐃᑦᐱᒋᔭᖃᕐᓯᑎᒃ ᐃᒥᕋᑦᓴᓯᐊᒍᒪᖕᒫᑦ ᐃᒪᖅ ᓄᓇᕕᒻᒥ ᓄᓇᓕᒃᓂ. ᐃᑦᐱᒋᔭᖃᑦᓯᐊᕋᓯᐊᕐᓯᑎᒃ ᓇᐅᓕᒫᑦ ᖃᓄᐃᖕᖕᒋᓯᐊᓇᐊᖃᕐᓂᖓᑕ ᓴᐳᑦᔭᐅᒋᐊᖃᕐᓂᖓᓂᒃ ᒋᐊᖃᓕᕈᑎᒃ.

ᐱᓇᓱᑦᕕᒥ ᖃᓄᐃᖕᖕᒋᓯᐊᓇᐊᖃᕐᓂᖅ

◊ ᐱᐊᕐᑦᓴᓐᑦ ᐊᑦᑕᓇᕐᓯᕐᑯᓇᒥᑦ

- ᐊᕐᕋᒍᓂ ᐱᖓᓱᓚᐅᕐᑐᓂ ᐊᓂᒍᕐᑐᓂ, 151-ᓃᑦᑐᓂᒃ ᑲᒪᒥᐊᖃᓚᐅᔪᖕᒍᑦ ᐊᓯᐊᓂᒃ ᐱᓇᓱᖓᕈᓐᓇᐅᑎᓂᒃ ᐊᕐᕋᒍᑕᒫᑦ. 2015-ᒥ, 165-ᓂᒃ ᐊᓯᐊᓂᒃ ᐱᓇᓱᖓᕈᓐᓇᐅᑎᓕᓇᓚᐅᔪᖕᒍᑦ 74-ᓂᑦ ᐊᑦᔨᒌᖕᖕᒋᑐᓂᑦ ᐱᓇᓱᑦᐱᐅᔪᓂᑦ ᐋᓐᓂᐊᓯᐅᕐᑎᒪᓇᓐᓂᒃ ᐃᒫᖕᒥᓚᔨᒍᑦ ᑲᒪᒋᔭᐅᒋᐊᖃᕐᑎᓗᒋᑦ. ᐊᕐᕋᒍᕐᓂ ᐊᓂᒍᕐᑐᓂ ᐃᒣᓕᖓᖃᑦᑕᓯᒪᒻᒪᑦ, ᐊᓯᐊᓂᒃ ᐱᓇᓱᖓᕈᓐᓇᐅᑎᓕᓇᑦᓯᑕᓗ ᐯᓇᑦᓯᐃᓐᓂᑦ, ᐃᓕᓴᕐᐃᓂᑦ, ᖃᓄᐃᖕᖕᒋᓯᐊᕐᓂᓕᓇᐃᓐᓂᑦ ᐊᒻᒪᓗ ᐱᓇᓱᑦᐃᕐᑯᑎᓕᓐᓂᑦ. ᐋᓐᓂᐊᓯᐅᕐᑎᒪᓇᓐᓂᑦ ᐃᒫᖕᒥᓚᔭᐅᒍᑎᐃᓂᕗᑦ ᖃᓗᓈᑎᑑᓕᕐᑎᑕᐅᓯᒪᔪᑦ ᐋᓐᓂᐊᓯᐅᕐᑎᒪᓇᒻᒧᑦ ᐱᐊᕐᑦᓴᓕᒻᒧᓗᓐᓃᑦ ᑭᖕᖕᒎᒪᒋᔭᐃᓂᐅᑦᓴᐸᑕ.

◊ ᐅᔭᕐᓂᐊᓂᓕᓇᓂᖅ

- ᐱᓇᓱᑦᐃᒥ ᖃᓄᐃᖕᖕᒋᓯᐊᓇᐊᖃᕐᓂᒥᒃ ᐱᓇᓱᖃᑎᒌᒍᑎᓐᑦ ᐱᓇᓱᖃᑎᖃᓱᒍᕗᑦ ᓄᓇᕕᒻᒥ ᒪᕐᕈᓂᒃ ᐅᔭᕐᓂᐊᓂᓕᓇᐃᓐᓂᒃ ᓯᑕᒪᐃᒍᓐᓇᓱᓂ ᐋᓐᓂᐊᓯᐅᕐᑎᑐᐃᓐᓇᖅ ᐊᕐᕋᒍᑕᒫᑦ ᐊᒻᒪᓗ ᒪᕐᕈᐃᒍᓐᓇᓱᓂ ᐊᕐᕋᒍᑕᒫᑦ ᐋᓐᓂᐊᓯᐅᕐᑎᒪᓇᒃ ᖃᓄᐃᖕᖕᒋᓯᐊᕐᓂᓕᓇᓂᕐᒨᓕᖓᔪᓂᒃ ᐅᔭᕐᓂᐊᐃᓐᓂ ᐱᓇᓱᒥᐊᕐᑐᓯᓂ, ᐊᒻᒪᓗ ᐅᑦᑳᓚᐅᑎᒃᑯᑦ ᑲᑎᒪᖃᑕᐅᖃᑦᑕᒥᓯᑎᒃ, 1,500-ᓃᑦᑐᑦ ᐱᓇᓱᑦᑏᑦ ᒪᕐᕈᓂ ᐅᔭᕐᓂᐊᐃᓐᓂ, ᐱᓇᓱᒍᑦᔨᓂᕐᒍᑦ ᐊᖕᒋᖃᑎᒌᒍᑎᑎᒍᑦ ᐱᒍᑦᔨᔪᑦ ᐱᓇᓱᑦᑎᒥᐊᑦᓚᖕᒥᑦᓗ. ᐱᓇᓱᖃᑎᒌᓱᑦ ᓱᒃᑯᓇᕐᑐᓂᒃ ᐃᑯᑦᓚᑎᑦᓯᒪᓱᐊᕐᓯᑎᒃ (ᓱᕐᕋᓂᒃ, ᐳᔪᕐᓂᒃ, ᐅᔭᕐᐅᑦ ᐅᐊᕈᑎᖕᒪᑕ ᐳᔪᖕᒪᓂᒃ (silica dust), ᓴᒃᑯᑦ ᐅᕐᑯᒃᓗᑕᑦᓴᔭᖕᒪᓂᑦ, ᐆᒪᔪᓄᑦ ᐃᓄᓐᓄᓗ ᓱᒃᑯᓇᕐᑐᑕᓕᓐᓂᑦ, ᐅᕐᑯᕐᑕᓂᒃ ᐊᓯᖕᒋᓐᓂᓗ) ᐊᒻᒪᓗ ᐱᓇᓱᕐᑎᓂᑦ ᓇᔪᕐᑕᑎᓐᓂᓗ. ᐊᒻᒪᓗ, ᖃᐅᔨᓴᓱᒍᒻᒥᔪᑦ ᐃᓱᕐᕈᑎᑦᓴᓂᒃ ᖃᐅᔨᒋᐊᖃᐃᐅᒍᓐᓇᓱᑎᑦᓗ ᐱᓇᓱᑦᑏᑦ ᑎᒥᒃᑯᑦ ᐃᓱᒪᒃᑯᓗ ᖃᓄᐃᖕᖕᒋᓯᐊᓇᐊᖃᕐᓂᖕᒋᓐᓄᓕᖓᔪᓂᒃ, ᓄᓇᐅᑦ ᐃᓗᐊᓂᐅᑦᐸᑦ ᖄᖓᓂᐅᑦᐸᓗᓐᓂᑦ, ᐊᒻᒪᓗ ᐃᓱᕐᕈᑎᑦᓴᑦ ᓯᓂᑦᑕᐃᖕᒋᓐᓂ ᐅᔭᕐᓂᐊᐃᑦ (ᐃᒪᕐᓗᑯᓐᓂᐊᑕᐅᓂᖅ, ᐃᒥᑦᑕᑕᐅᓂᖅ, ᓂᕿᖃᕐᑎᑕᐅᓂᖅ, ᐊᓯᖕᒋᓪᓗ). ᐱᓇᓱᐊᓱᒍᒻᒥᓯᑎᒃ ᐅᐃᒪᓇᕐᓯᔪᓂᒃ ᑲᒪᒋᐊᖕᖕᒐᖃᓇᐊᖃᕐᓂᒥᒃ ᐊᒻᒪᓗ ᐋᓐᓂᑐᖃᕐᐸᑦ / ᐊᕐᕐᑯᓇᕐᑐᖃᕐᐸᑦ ᐋᓐᓂᐊᓯᐅᓇᒥᐊᖃᕐᓂᒥᒃ ᐱᓇᓱᖃᑎᖃᕐᓯᑎᒃ ᐋᓐᓂᐊᐃᓐᓂ ᖃᓄᐃᖕᖕᒋᓯᐊᓇᐊᖃᕐᓂᒍᑦ ᐊᑦᑕᓇᕐᓯᑐᓕᒥᐊᖃᕐᓂᒍᓪᓗ ᑲᑎᒪᔨᓂᒃ ᐊᒻᒪᓗ ᐳᓚᕋᓕᕋᒥᒃ ᑭᖕᒍᓂᖕᒐᒍᑦ ᖃᓄᐃᓕᖓᓕᕐᒪᖔᑕ ᖃᐅᔨᒋᐊᓱᒍᑦᓯᑎᒃ ᐃᒫᖕᒥᓐᓂᒍᑎᐃᓃᑦ.

◊ ᓇᐅᓕᒫᓄᓕᖓᔪᓂᒃ-ᐊᐅᓚᑦᓯᓂᓕᓇᓂᖅ

- ᐱᓇᓱᑦᕕᑎᓐᓂ ᐋᓐᓂᐊᓯᐅᕐᑎᑐᐃᓐᓇᒥᒃ ᐱᓇᓱᑦᑎᖃᕐᑐᒍᑦ, ᑰᑦᔪᐊᒥ ᐊᑕᔪᒥᒃ ᐱᓇᓱᐊᕐᑐᒥᒃ, ᓄᓇᓕᓐᓄᑦ ᖁᓕᓐᓗ ᓯᑕᒪᓐᓗᓄᑦ ᐊᕐᕕᑕᓱᒥᒃ ᐊᕐᕋᒍᓕᒫᒥ. ᑕᑯᓂᐊᓱᖅ ᑲᑦᒪᐱᒃᑯᑦ ᐃᓱᕐᕈᑎᑦᓴᖕᒋᓐᓂᒃ (ᓄᓇᒃᑰᔫᖃᐅᑎᓂᒃ, ᐃᒥᑦᑕᐃᓐᓂᒃ, ᓯᐊᕐᓇᔭᕐᕕᓂᒃ, ᐃᑯᐊᓐᓚᑐᕐᓂᐊᕕᓐᓂᒃ ᐳᐃᑦᔪᕐᕕᓂᒃ, ᐃᒪᕐᓗᑯᓐᓂᐊᑕᐅᕕᓐᓂᒃ) ᐊᒻᒪᓗ ᓴᓇᕕᓐᓂᒃ ᐳᓐᓯᒃᑯᓗ ᐊᓐᓚᕕᖕᒋᓐᓂᒃ. ᐋᓐᓂᐊᓯᐅᕐᑎᑐᐃᓐᓇᖅ ᐃᑲᔪᕐᓯᒪᔭᐅᔪᖅ ᐋᓐᓂᐊᓯᐅᕐᑎᒪᓈᑦ ᐃᒫᖕᒥᓚᔨᖓᓄᑦ ᐊᒻᒪᓗ ᐱᓇᓱᑦᕕᓂ ᓴᓗᒪᒥᐊᖃᕐᓂᓕᓇᓂᕐᒍᑦ. ᐱᓇᓱᖃᑎᒌᑦᑐᑦ ᐃᑦᐱᒋᔭᖃᓱᑦ ᐱᓇᓱᑦᕕᒥᓐᑦᑐᑦ ᖃᓄᐃᖕᖕᒋᓯᐊᕋᓗᐊᕐᓴᒪᖔᑕ ᑐᓴᐅᒪᑎᑦᓯᓯᑎᓪᓗ ᑐᓴᐅᒪᒋᐊᓕᖕᒋᓐᓂᒃ, ᐱᒋᐅᕐᓴᓂᖃᕐᑎᓯᑦᓯᑎᓪᓗ ᓯᒃᑯᓇᕐᑐᓂᒃ ᐆᒪᔪᓄᑦ ᐃᓄᓐᓄᓗ, ᓯᕐᕋᓂᒃ ᐳᔫᕐᓂᓗ, ᐊᓯᖕᒋᓐᓂᓗ ᐱᒍᑦᔨᐅᑎᐅᒋᐊᓕᓐᓂᒃ. ᖃᐅᔨᓴᓱᒍᒻᒥᔪᑦ ᐱᓇᓱᑦᑏᑦ ᖃᓄᐃᖕᖕᒋᓯᐊᓇᐊᖃᕐᓂᑯᑦ ᐊᑦᑕᓇᕐᓯᑐᐊᕐᓴᒪᑕ ᓱᒃᑯᓇᕐᑐᓄᑦ.

◊ ᐱᒍᑦᔭᐅᒍᒪᔪᑦ

- ᑕᕝᕕᓂ ᐊᕐᕋᒍᕐᒥ, ᐱᒍᑦᔭᐅᒍᒪᐅᑎᓂᒃ ᑲᒪᖃᑦᑕᓚᐅᔪᖕᒍᑦ ᐱᓇᓱᕝᕕᒥ ᐊᕐᕐᑯᓇᕐᑐᕕᓐᑦ / ᐋᓐᓂᐊᓕᑦᑐᕕᓐᑦ ᐱᕝᓕᖕᒋᕐᑎᑖᕐᑕᕕᖕᒐᓂᑦ, ᓇᐅᓕᒫᓂᒃ ᐃᓗᓯᓕᓇᓂᕐᒍᑦ ᐊᓪᓚᕕᒻᒥᑦ ᐊᑦᔨᒌᖕᖕᒋᑐᓂᓪᓗ ᐱᓇᓱᕝᕕᓂᑦ ᐱᓇᓱᑦᑏᑦ ᖃᓄᐃᖕᖕᒋᓯᐊᓇᐊᖃᕐᓂᓕᖕᒋᓐᓄᓕᖓᔪᓂᒃ ᐊᑦᑕᓗᑦᑐᒌᒥᐊᖃᕐᓂᖕᒋᓐᓄᓕᖓᔪᓂᓪᓗ.

ᖃᓄᐃᖕᖕᒋᓯᐊᓇᐊᖃᕐᓂᒥᒃ ᖃᐅᔨᒪᑎᑦᓯᒍᑎᑦᓴᑦ ᐃᑯᓪᓚᑎᑦᓯᒪᓱᐊᕈᑎᑦᓴᓗ ᐋᓐᓂᐊᓂᒃ, ᐃᓱᒪᒃᑯᑦ ᐃᓅᓯᒃᑯᓗ ᐱᓐᓄᓗᑕᐅᔪᓂᒃ ᖁᐊᕐᔫᖕᒐᓇᕐᑐᑕᐅᓯᒪᔪᓂᓪᓗ

ᐊᒥᓱᑦ ᑲᒪᒍᑎᑦᓴᑦ ᐸᕐᓄᕈᑕᐅᓚᐅᔪᖕᒍᑦ ᐃᑯᓪᓚᑎᑦᓯᒪᓱᐊᕈᑎᑦᓴᑦ ᖃᓄᐃᖕᖕᒋᓯᐊᓇᐊᖃᕐᓂᒥᓪᓗ

ᖃᐅᔨᒪᑎᑦᓯᒍᑎᑦᓴᑦ ᐅᑦᑐᕋᐅᑎᒥᑦᓯᒥᑦ ᓂᕆᑦᓯᐊᕆᐊᖃᕐᓂᖅ, ᓂᕿᖃᑦᓯᐊᕆᐊᖃᕐᓂᖅ ᐃᕐᕿᓕᓴᖃᑦᑕᕆᐊᖃᕐᓂᖅ, ᑐᑉᑭᒥᒃ ᐃᑯᓪᓕᑎᑦᓯᒪᓯᐊᕐᓂᖅ ᐊᒻᒪᓗ ᐊᐅᒃᑯᑦ ᐱᑕᑦᓴᖃᓗᐊᕐᐅᓕᓂᖅ ᒪᒪᕐᓴᐅᑎᖃᓗᐊᕐᐅᓕᓂᖅ. ᑕᒪᒃᑯᐊ ᐸᕐᓄᑕᐅᓯᒪᔪᑦ ᑐᕌᒐᖃᕈᑕᐅᔪᑦ ᓄᓇᓕᒻᒥ ᐊᐅᓚᑦᔭᕆᐊᕐᓂᒥᒃ ᐃᑲᔪᕐᓯᒥᐊᕈᑎᑦᓴᐅᓯᑎᒃ, ᐱᒍᓐᓇᓯᒥᐊᑦᓚᑎᑦᓯᒍᑎᑦᓴᐅᓯᑎᒃ ᐊᑕᐅᓯᐅᑦᑎᑐᑦ ᐱᒍᓐᓇᓕᓈᕐᑕᕐᒥᓐᓂᒃ ᖃᓄᐃᖅᖅᒥᓯᐊᕐᓇᑐᒥᓪᓗ ᐊᑦᑎᖃᓇᐊᖃᕐᓂᒥᒃ. ᑕᒪᓐᓇ ᐱᑦᔪᑎᒥᑦᓯᒍ, ᓄᓇᓖᑦ ᐃᑲᔪᕐᓯᔭᐅᖃᑦᑕᑎᓪᓗᒥᑦ ᑮᓇᐅᔭᑎᒍᑦ, ᐱᒥᐊᕐᑎᓯᖃᑦᑕᓂᒃᑯᑦ ᐸᕐᓄᑕᐅᓯᒪᔪᓂᒃ, ᐱᒥᐅᕐᓴᓂᖃᕐᑎᓯᓂᒃᑯᑦ, ᐃᓕᓴᒍᑎᑦᓴᓕᐅᕐᓂᑯᑦ ᐊᓯᕐᒥᓪᓗ.

ᐱᓇᓱᖃᑎᒌᑦᑐᑦ ᐱᓇᓱᑦᑎᕐᒥᑦ ᐃᑲᔪᕐᓯᒪᖃᑦᑕᑎᓪᓗᒥᑦ ᐱᓇᓱᐊᕐᑕᐅᔪᓂᒃ ᓯᕗᓕᕐᑕᐅᔪᓂᒃ ᐱᒥᐊᕐᑎᑕᐅᓯᑎᓪᓗ ᓄᓇᓕᓐᓄᑦ, ᐊᕐᕌᒍᓄᑦ ᐊᒥᓲᓕᖅᒪᓯᑎᒃ, ᑕᑲᒃᑯᐊᑕᒪ ᐆᑦᑐᕋᐅᑎᑦᓴᕐ:

◊ Blue Nose Marathon;

◊ ᓴᓪᓗᓂ ᑲᒐᔫᒪᑐᑦ (ᐳᕐᑐᓂᓖᑦ 8-ᒥᒃ);

◊ ᓄᓇᓕᓐᓂ ᐃᒪᓖᑦ;

◊ ᑲᑎᓯᖃᑦᑕᓂᖅ ᐊᐅᒃᑯᑦ ᐱᑕᑦᓴᖃᓗᐊᕐᑐᓂᒃ ᒪᒪᕐᓴᐅᑎᖃᓗᐊᕐᑐᓂᒃ;

◊ ᓂᕆᑦᓯᐊᕆᐊᖃᕐᓂᐅᑦ - ᐃᓕᓴᒍᑕᐅᓂᖅᒪ;

◊ ᐱᓇᓱᑦᑕᐅᔪᑦ ᓂᕿᓄᑦ ᐃᑲᔪᕐᓯᒍᑏᑦ ᐊᒻᒪᓗ ᐃᒻᒥᓂᕿᒍᓐᓇᓂᕐᒥᒃ;

◊ Jeunes Kanibus.

ᓄᓇᓖᑦ ᐊᑦᔨᑮᖅᖅᒥᑐᐃᓪᓗ ᐱᓇᓱᖃᑎᐅᒥᐊᓖᑦ ᐃᓚᐅᖃᑦᑕᕆᐊᖃᕐᐳᑦ ᑲᔪᓯᑦᓯᐊᓗᑎᓪᓗ ᓯᒪᑦᓴᖃᕐᑎᓯᓂᕐᓄᑦ.

ᐃᓚᒋᓪᓗᑕ ᐱᓇᓱᑦᑕᐅᓂᖅᒪᑦ

ᓄᓇᓕᓕᒫᓂ ᐊᑕᐅᑦᓯᑰᕐᑎᓯᓂᕐᒧᑦ ᑲᑎᒪᔨᑦ ᑲᑎᒪᔨᐅᒍᑎᖃᕐᓯᑎᒃ ᐃᓚᒋᓪᓗᑕ / ᓄᐃᓲᖅ / ᕿᑐᕐᖅᒪᕗᑦ

ᓄᓇᓕᓕᒫᓂ ᐊᑕᐅᑦᓯᑰᕐᑎᓯᓂᕐᒧᑦ ᑲᑎᒪᔨᑦ ᑲᑎᒪᔨᐅᒍᑎᖃᕐᓯᑎᒃ ᐃᓚᒋᓪᓗᑕ / ᓄᐃᓲᖅ / ᕿᑐᕐᖅᒪᕗᑦ ᓂᕈᐊᕈᑎᖃᓚᐅᔪᕗᑦ ᑕᒪᑐᒪ ᐱᓴᓯᐊᕐᑕᐅᓂᖅᒪᓂᒃ ᑎᓯᖃᑦᑕᓂᐊᕐᓯᑎᒃ ᐃᓚᒋᑦᑐᑦ, ᖃᐅᔨᐸᓪᓚᕈᑎᒥᒍᒪᑦᓯᒍ ᐃᓚᒋᑦᓯᑖᒥᒃ ᐱᓇᓱᑦᓯᐊᑐᐊᓘᓂᕐᒥᓐᓂᒃ ᐳᐃᕐᓂᑐᒥ. ᒪᕐᕈᐃᑦᓯᑎᒃ ᑲᑎᒪᓯᒪᔪᑦ, ᔫᓂᒥ ᑎᓯᒻᐱᓇᒥᓪᓗ. ᓄᑕᐅᓯᓕᕐᑎᓇᑦᓯᑎᒃ ᐃᓚᒋᓪᓗᑕ ᐃᓂᓪᓚᖅᒪᐅᓯᖅᒪᓂᒃ, ᐃᓅᓐᓄᓕᖅᒪᓕᕐᑎᓯᒥᑦ ᐱᑦᔪᓕᐊᕈᑎᑦᓴᖅᒥᑦ ᐊᒻᒪᓗ ᐅᖃᐅᓯᐅᑦᓯᑎᒃ ᑲᔪᓯᑎᑕᐅᓂᖅᒪ ᐃᓕᐊᔪᖃᕐᓂᓄᓕᖅᒪᔪᑦ ᐱᓇᓱᑦᑕᐅᔪᑦ..

ᐱᐊᕋᑦᓴᓇᔭᐅᑦᓯᑎᒃ ᐃᒥᐊᓗᒍᑕᐅᓕᓂᐅᒍᑦ ᓱᕐᕋᑕᐅᓯᒪᓂᕐᒥᒃ ᐃᑯᓪᓕᑎᑦᓯᒥᐊᕐᓂᖅ ᑲᖅᑮᓯᑦᑎᓯᒥᐊᕐᓂᓗ

2015-2016-ᒥ, ᐱᓇᓱᖃᑎᒌᑦᑐᑦ ᑲᔪᓯᑎᑦᓯᓂᖃᓚᐅᔪᕗᑦ ᐱᐊᕋᑦᓴᓇᔭᐅᑦᓯᑎᒃ ᐃᒥᐊᓗᒍᑕᐅᓕᓂᐅᒍᑦ ᓱᕐᕋᑕᐅᓯᒪᓂᕐᒥᒃ ᐃᑯᓪᓕᑎᑦᓯᒪᓯᐊᕈᑎᑦᓴᓂᒃ ᑲᖅᑮᓯᑦᑎᓯᒥᐊᕈᑎᑦᓴᓂᓪᓗ ᓄᓇᐃᓕᒫᒥ; ᓯᒪᑦᓴᖃᕐᑎᓯᒍᑏᑦ ᑲᔪᓯᑎᑕᐅᔪᑦ ᑰᑦᔪᐊᒥ ᐳᐃᕐᓂᑐᒥᓪᓗ. ᓄᓇᐃᒻᒥ ᐃᓗᓯᓕᓇᓂᕐᒧᑦ ᑲᑎᒪᔨᑦ ᐃᑲᔪᕐᓯᒪᓚᐅᔪᕗᑦ ᒪᕐᕈᐃᓂᒃ ᐱᒥᐅᕐᓴᑎᑦᓯᓃᓐᓂᒃ, ᓯᑦᔭᐅᔫᓐᓂ ᑕᒥᓐᓂ, ᐱᒥᐅᕐᓴᓂᖃᕐᑎᑕᐅᑎᓪᓗᒥᑦ ᑲᒪᕐᖃᓇᐊᖅᖅᒪᑎᐅᔫᑦ ᐱᐊᕋᑦᓴᓇᔭᐅᑦᓯᑎᒃ ᐃᒥᐊᓗᒍᑕᐅᓕᓂᐅᒍᑦ ᓱᕐᕋᑕᐅᓯᒪᓂᕐᒥᒃ ᐃᑯᓪᓕᑎᑦᓯᒥᐊᕐᓂᖅ ᑲᖅᑮᓯᑦᑎᓯᒥᐊᕐᓂᓗ ᓄᓇᓕᒥᓂ. ᓄᓇᓕᒻᒥ ᖃᓄᐃᖅᖅᒥᓯᐊᕐᓂᓕᓇᔨᑦ, ᐃᕐᓂᓯᑦᓱᔨᑦ ᐊᓯᖅᒥᓪᓗ ᑲᒪᕐᖃᓇᐊᖅᖅᒪᑎᐅᔫᑦ ᐱᒥᐅᕐᓴᑎᑦᑕᐅᓯᒪᔪᑦ. ᐃᑲᔪᕐᓯᔭᐅᒥᐊᕐᓕᓛᕐᑐᑦ ᑲᔪᓯᑎᑦᓯᒥᐊᕐᑎᓗᒥᑦ ᐃᑯᓪᓕᑎᑦᓯᒪᓯᐊᕈᑎᑦᓴᓂᒃ ᓄᓇᓕᒥᓂ..

ᖃᓄᐃᖅᖅᒥᓯᐊᕐᕕᐅᔪᑦ ᐃᓕᓴᕐᕕᑦ

ᓄᓇᕕᒻᒥ ᖁᓕᓪᓗ ᓯᑕᒪᐅᔪᖅᖅᒥᒪᕐᑐᓗᓐᓂᒃ ᐃᓕᓴᕐᕕᖃᕐᒪᑦ ᖁᓕᓪᓗ ᑕᓪᓕᒪᓪᓗᓂ ᐃᓕᓴᕐᕕᑦ ᑮᓇᐅᔭᓂᒃ ᑐᕐᓯᕋᐅᑎᓕᐅᕐᓯᒪᓕᐅᔪᕗᑦ ᖃᓄᐃᖅᖅᒥᓯᐊᕐᕕᐅᔪᓂᒃ ᐃᓕᓴᕐᕕᓕᖅᒪᔪᓂᒃ ᐱᓇᓱᐊᕈᑎᓂᑦ, ᐊᑦᔨᑮᖅᖅᒥᑐᓕᖅᒪᔪᓂᒃ, ᐃᓚᐅᓐᓂᒥᔪᑦ ᑕᒪ ᐱᓇᓱᑦᑕᐅᔪᓄᑦ:

◊ ᓂᕆᑦᓯᐊᕆᐊᖃᕐᓂᖅ,

1. ᓄᓇᓕᒻᒥ ᐱᓱᒪᔪᑦ ᓄᓇᓕᒥᓪᓗ ᓯᕗᓕᑦᑕᐅᔪᑦ ᐱᓇᓱᑦᑕᐅᔪᑦᓴᕐ
2. ᐊᑕᐅᓯᐅᓕᖅᒪᑎᑕᐅᔪᑦ ᐱᒍᔨᐅᑏᑦ ᐱᐊᕐᑖᕆᐊᕕᑑᓂᒃ ᐱᐊᕐᑖᑲᒃᒥᓂᓪᓗ ᐊᒻᒪᓗ ᐅᑭᐅᑭᓂᓴᓄᓕᖅᒪᔪᑦ ᐱᐊᕐᓄᓕᖅᒪᔪᑦ ᐱᓇᓱᑦᑕᐅᔪᑦᓴᕐ (ISPEC)/*Services intégrés en périnatalité et petite enfance (SIPPE)*

◊ ᐊᐅᒃᑯᑦ ᐱᑕᑦᓴᖃᓗᐊᕐᑐᓕᒍᑎᑦᓴᑦ,

◊ ᐃᓅᖃᑎᒌᑦᓯᐊᕈᓐᓇᓂᖅ,

◊ ᖃᓄᐃᖅᖏᓯᐊᓇᐊᖃᕐᓂᖅ ᖃᓂᒃᑯᑦ,

◊ ᐁᑦᑐᑑᑕᐅᓲᓂᒃ ᐋᓐᓂᐊᑖᕐᑐᓕᓂᖅ,

◊ ᐃᕐᕿᓕᓴᑦᓯᐊᖃᑦᑕᓂᖅ,

◊ ᐃᓱᒪᒃᑯᑦ ᖃᓄᐃᖅᖏᓯᐊᓇᐊᖃᕐᓂᖅ,

◊ ᐱᓗᒃᐅᑎᓂᕐᒥᒃ ᐃᑯᓐᓚᑎᑦᓱᒋᐊᕐᓂᖅ,

◊ ᐃᑯᓐᓚᒪᓱᐊᕐᓂᖅ ᐃᒥᐊᓗᒻᒥᒃ ᐋᖅᒪᔭᓐᓇᑐᓂᓐᓗ.

◊ ᑐᐹᑭᓐᓗᐊᑐᓕᓂᖅ,

◊ ᑕᖅᒪᓗᐊᕐᑐᓕᒍᑎᑦᓴᑦ,

◊ ᐁᑉᐸᓇᑦᓯᐊᕈᓐᓇᓂᖅ,

◊ ᐊᑦᑕᓃᑦᑐᒦᓐᓂᖅ,

◊ ᓂᓇᑦᓯᐊᓇᐊᖃᕐᓂᖅ, ᐃᕐᕿᓕᓴᑦᓯᐊᖃᑦᑕᓂᖅ, ᐃᓱᒪᒃᑯᑦ ᖃᓄᐃᖅᖏᓯᐊᓇᐊᖃᕐᓂᖅ, ᑕᖅᒪᓗᐊᕐᑐᓕᒍᑎᑦᓴᓗ ᐱᓇᓱᐊᕐᑕᐅᒍᒪᓂᕐᐸᐅᓕᐅᔪᕐᑐᑦ.

ᐊᒻᒪᓗ, ᐱᓇᓱᑦᑎᑖᕐᖃᒥᓚᐅᔪᒻᒥᔪᒍᑦ ᓵᓚᕐᖃᖃᕐᓂᐅᑦ ᐃᑯᓐᓚᒋᑦᑕᐅᒥᐊᖃᕐᓂᖅᒪᓂᒃ ᐱᓇᓱᑦᑐᓴᒥᒃ ᐃᑦᐱᒍᓱᓐᓂᐊᑐᒥᒃ ᐃᓕᓴᕐᕕᓂ ᑲᒪᒍᓱᑦ ᖃᓄᐃᓕᖅᒪᒻᒪᖅᒫᑕ ᓵᓚᕐᖃᖃᕐᓂᐅᑦ ᐃᑯᓐᓚᑎᑕᐅᒪᓱᐊᕐᓂᖅᒪ ᐱᓐᓗᒍ ᖃᐅᔨᓴᕐᓂᐊᓗᓂᓗ ᑲᒪᒍᑎᐅᒍᓐᓇᑐᑦ ᓱᓇᐅᒥᐊᖃᕐᒪᖅᒫᑕ. ᐱᓇᓱᑦᑎ ᐃᓕᓴᕐᕕᒥᑐᐃᓐᓇᖅ ᑕᒪᑐᒥᖅᒪ ᐱᓇᓱᐊᕐᓂᐊᑎᓐᓇᒍ ᓄᓇᓕᒻᒥᒐᓕᒃ ᐱᓇᓱᐊᕐᓂᐊᑎᓐᓗᒍ.

ᑭᖅᒍᐹᓐᓂᓕᓇᓂᖅ

ᑐᑭᓯᒪᖃᑎᒌᒍᑏᑦ ᐊᓐᓚᑕᐅᒥᐊᖅᖅᒪᓕᕐᑐᑦ ᐱᓇᓱᖃᑎᒌᑦᑐᓄᑦ, ᐋᓐᓂᐊᐲᓐᓄᑦ, ᑲᑎᐃᒃ ᐃᓕᓐᓂᐊᓂᓕᓇᓂᕐᒧᑦ ᐊᒻᒪᓗ ᓄᓇᐃᒻᒥ ᐃᓗᓯᓕᓇᓂᕐᒧᑦ ᑲᑎᒪᔨᓄᑦ ᑲᔪᓯᑎᑦᓯᕝᓕᐊᒍᒪᑦᓯᑎᒃ ᐱᓇᓱᐊᕐᑕᐅᔪᒥᒃ ᓄᓇᐃᓕᒫᒥ,

ᐱᓇᓱᑦᑎᑖᓇᐊᐃᑦᑐᒍᑦ ᓄᓇᓕᓕᒫᓂ ᐱᒋᐅᕐᓴᑎᑦᓯᔨᑦᓴᒥᒃ ᐊᒻᒪᓗ ᒪᕐᕈᐃᑦ ᓄᓇᓕᓕᒫᓂ ᐱᒋᐅᕐᓴᑎᑦᓯᒍᑎᑦᓴᑦ ᐸᕐᓂᑕᐅᑦᓯᑎᒃ.

ᓇᐅᓕᒫᓂᒃ ᑐᓴᕐᑎᓯᒍᑎᑦᓴᑦ ᐃᑯᓐᓚᑎᑦᓯᒪᓱᐊᕐᓂᒍᑦ ᑲᒃᑲᓛᑦ / ᐱᐊᓐᔅᑦ ᐱᐅᓯᓇᓲᖅᒥᓐᓂᒃ ᐊᑦᑕᓇᕐᓯᒍᑎᒋᑐᐃᓐᓇᓇᐊᖃᕐᓯᒋᑦ ᐃᒥᐊᓘᑦ ᐊᑐᕐᓂᓗᑦᑕᐅᓂᖅᒪᓄᓕᖅᒪᑦᓯᑎᒃ

ᐃᒥᐊᓗᒻᒥᒃ ᐊᑐᕐᓂᓗᓲᒍᑉᐸᑕ ᑲᒪᔨᑦ ᐊᑦᑕᓇᕐᓯᒍᑕᐅᑐᐃᓐᓇᓇᐊᖃᕐᐳᖅ ᑲᒃᑲᓛᖅ / ᐱᐊᕋᖅ ᐃᑦᓯᒍᓐᓂᓗᑦᑕᐅᓯᑐᐃᓐᓇᓇᐊᖃᕐᒪᑦ, ᑲᒪᒥᓂᕐᓗᑕᐅᑐᐃᓐᓇᓇᐊᖃᕐᒪᑦ ᐃᓚᒥᓄᓐᓗ ᐱᓗᑲᑦᑕᐅᑐᐃᓐᓇᓇᐊᖃᕐᓯᓂ, ᓇᐅᓕᒫᓂᒃ ᑐᓴᕐᑎᓯᒍᑎᑦᓴᑦ ᓄᐃᑕᐅᓛᓕᕐᕐᑯᑦ. ᓇᐅᓕᒫᓂᒃ ᑐᓴᕐᑎᓯᒍᑎᑦᓴᑦ ᐊᑑᑎᔭᐅᓚᕿᔪᑦ ᐃᓚᒋᓐᓗᑕ ᑐᕋᒪᖅᒋᑦᑕ ᐱᖅᒪᔪᐊᓐᓄᑦ, ᑲᒃᑲᓛᓂᒃ / ᐱᐊᕐᕐᓂᒃ ᐊᑦᑕᓂᑦᓯᐊᒥᑦᑎᓯᒍᑎᑦᓴᐅᓯᑎᒃ. ᐊᑭᑭᓐᓂᐹᕐᓯᐅᕈᑎᑦᓴᑦ ᑕᒪᑕᒪ ᑲᒪᒥᔭᐅᑭᓐᓕᐊᓕᕐᑐᑦ.

ᐃᑦᓯᒍᓐᓂᓗᑦᑕᐅᑎᓕᒍᑎᑦᓴᑦ ᐱᓇᓱᑦᑕᐅᓂᖅᒪ (GTBT)

◊ ᐃᑦᓯᒍᓐᓂᓗᑦᑕᐅᑎᓕᒍᑎᑦᓴᑦ ᐱᓇᓱᑦᑕᐅᓂᖅᒪ ᑲᔪᓯᑎᑦᑕᐅᓯᒪᔪᖅ ᓄᓇᓕᓐᓂ ᐅᑯᓇᓂ:

- ᑲᖅᒋᕐᓯᐊᓗᑦᔪᐊᒥ ᐃᓗᓐᓇᖅᒪ (ᐱᐳᐊᓇ 2015);
- ᐱᓇᓱᐊᕐᑕᐅᓂᖅᒪ ᓯᐳᑦᓕᖅ ᕿᐱᓇᓱᐊᕈᓯᕐᑐᓇᐊᖃᕐᓯᓂ ᒪᕐᕈᓂᒃ ᐊᑕᐅᓯᕐᒥᒃ ᐱᓇᓱᐊᕈᓯᕐᑐᑐᐱᓂᖅᐅ ᐳᐱᕐᓂᑐᒥ (ᐁᓇᓕ 2015);
- ᑯᑦᔪᐊᕐᕿᐱᒻᒥ ᐃᓗᓐᓇᖅᒪ (ᐁᓇᓕᒥᑦ ᔫᓂᒍᑦ 2015).

◊ ᓯᑦᑎᒻᐱᓇᒥ, ᐱᒋᐅᕐᓴᑎᓯᒍᑕᐅᓐᓂᕐᑯᖅ "ᓄᓇᓕᒃ ᒪᒥᑎᑦᓯᐊᐅᒍᓐᓇᕗᖅ" ᐃᑦᓯᒍᓐᓂᓗᑦᑕᐅᑐᓕᒍᑎᑦᓴᓂᒃ ᐱᓇᓱᐊᕐᑐᓂᒃ

◊ ᐊᒻᒪᓗ, ᐱᓇᓱᑦᑎᓴᕐᓯᐅᒥᕐᒍᑦ ᐃᑦᓯᒍᓐᓂᓗᑦᑕᐅᑐᓕᒍᑎᑦᓴᓂᒃ ᐱᓇᓱᐊᕐᑐᑦ ᐊᑕᐅᑦᓯᑰᕐᑎᓯᓐᑦᓴᖕᒪᓂᒃ ᑭᓯᐊᓂ ᐃᓐᓄᑕᐅᕋᑕᖕᒋᑐᖅ.

◊ ᑕᒥᓂᒃ ᓚᕝᓕᓗ ᓯᑎᐊᕝᓂ ᔪᑐᐃᓗ ᐃᓱᒪᒃᑯᑦ ᐃᓅᓯᒃᑯᓗ ᐃᑲᔪᕐᑕᐅᒥᐊᓕᓐᓅᓕᖕᒪᔪᓂᒃ ᐱᓇᓱᐊᕐᔪᒃ ᓇᐅᓕᒫᓂᒃ ᐃᓗᓯᓕᓇᓂᕐᒍᑦ ᐊᓐᓚᐱᒻᒥ ᐊᑕᔪᒥᒃ ᐱᓇᓱᑦᑎᑖᖕᒋᓂᑦᑎᓂ.

◊ ᐊᒻᒪᓗ, ᐅᖕᒪᓗᒻᒥᑦ ᑮᓇᐅᔭᓂᒃ ᑐᒃᓯᕋᐅᑎᕗᑦ ᐊᖕᒋᕐᑕᐱᓂᐅᑦᓯᓂ 2016-ᒥ ᐃᑦᓯᒍᓐᓂᓗᑦᑕᐅᑐᓕᒍᑎᑦᓴᓂᒃ ᐱᓇᓱᐊᕈᑎᑦᓴᓂᒃ.

◊ ᔭᓄᐊᓇᒥ, "ᐃᕈᕐᓯᒪᔪᖅ ᑮᓇᖅ" ᑲᑎᒪᓂᐊᕈᓯᖕᒐᕐᑎᓯᒍᑕᐅᔪᐱᓂᖅ ᑰᑦᔪᐊᒥ (ᓯᕗᒡᓕᔪᖕᒐ ᐃᑦᓯᒍᓐᓂᓗᑦᑕᐅᑐᓕᒍᑎᑦᓴᓂᒃ ᐱᓇᓱᐊᕈᑎᑦᓴᑦ); ᒫᑦᓯᒥ, ᐋᑲᒃᑲᓛᑦ / ᐱᐊᓄᑦ ᐊᑦᑕᓐᑦᑐᒦᒥᐊᖕᒐᕐᓂᒥᒃ ᐱᒍᓐᓇᐅᑎᖕᒐᕐᑐᑰ ᑲᑎᒪᓂᐊᕈᓯᖕᒐᕐᑎᓯᒍᑕᐅᓚᐅᔪᕗᖅ ᑰᑦᔪᐊᒥ.

ᓂᓇᑦᓯᐊᓇᐊᕐᑲᕐᓂᖅ

ᑲᑎᑦᓯᑎᒃ ᕐᑯᓕᓐᓗ ᓯᑕᒪᓐᓗᐃᑦ ᓄᓇᓕᒻᒥ ᐱᓇᓱᑦᑕᐅᔪᑦᓴᑦ ᓂᓇᑦᓯᐊᓇᐊᖕᒐᕐᓂᒍᓕᖕᒐᔪᑦ ᓂᕿᖕᒐᑦᓯᐊᓇᐊᖕᒐᕐᓂᒍᓕᖕᒐᔪᐃᓐᓗ ᐃᑲᔪᕐᓯᒪᒍᑎᐅᓚᐅᔪᕗᑦ ᓄᓇᓕᓐᓂᑦ ᕐᑯᓕᓐᓂᑦ.

ᐊᑕᐅᓯᖅ ᐱᓇᓱᑦᑕᐅᔪᑦᓴᑦ ᓯᓚᑖᒍᕐᑐᖅ ᐅᑦᑐᕋᐅᑎᒋᑦᓱᒍ ᖃᓄᐃᖕᒋᓯᐊᕐᓇᑐᓂᒃ ᐅᕐᑯᒻᒥᓗᒐᑦᓴᑦ ᐊᐅᔭᒥ ᐊᓯᓃᑦᑎᑕᐅᑎᓕᓗᒋᑦ ᐅᑦᑭᓗᓐᓃᑦ ᐱᓕᐅᑦᓱᒍᑎᓂᒃ ᐱᖕᒋᐊᓂᖅᑎᓗᒋᑦ ᐊᓯᖕᒋᓐᓂᓗ ᐊᑦᓱᒦᖕᒋᑐᓂᒃ ᓯᒐᑦᓴᖅᑎᑕᐅᓂᖅᑎᓗᒋᑦ ᐊᑐᐃᓐᓇᕈᑦᑎᑕᐅᓯᒪᓚᐅᔪᕗᑦ ᓇᐅᓕᒫᓂᒃ ᖃᐅᔨᒪᑎᑦᓯᒍᑎᑎᒍᑦᑎᑕᐅᑦᓯᑎᒃ:

◊ ᓂᓇᑦᓯᐊᓇᐊᖕᒐᕐᓂᒍᑦ ᑕᕐᕿᖅ;

◊ ᓂᕿᑐᐃᓐᓇᑐᖕᒐᑦᑕᓂᕐᒍᑦ ᐅᑦᓗᖅ;

◊ ᐊᒫᒪᑦᑎᓯᖕᒐᑦᑕᓂᕐᒍᑦ ᐱᓇᓱᐊᕈᓯᖅ.

ᓇᐅᓕᒫᓂᒃ ᐃᓗᓯᓕᓇᓂᕐᒍᑦ ᐊᓐᓚᐱᒻᒥ ᐱᓇᓱᑦᑏᑦ ᑲᔪᓯᑎᑦᓯᖕᒐᑕᐅᓚᐅᔪᕗᑦ ᓄᓇᓕᓕᒫᓂ ᐱᓇᓱᒍᑎᑦᓴᓂᒃ, ᐆᑦᑐᕋᐅᑎᒋᑦᓱᒍ ᓂᐅᐃᕐᐃᓂ ᓂᓇᑦᓯᐊᓇᐊᖕᒐᕐᓂᒍᑦ ᐱᓇᓱᑦᑕᐅᔪᑦ, ᑐᕌᒐᖕᒋᑕᐅᑦᓯᑎᒃ ᐱᐅᓯᒋᐊᕐᑎᓯᓂᕐᒥᒃ ᓂᕿᖕᒐᕐᐃᓂᒃ ᐃᑲᔪᕐᓯᒋᐊᕐᓂᒥᓐᓗ ᓂᐅᐃᓱᓂᒃ ᖃᓄᐃᖕᒋᓯᐊᕐᓇᑐᓂᒃ ᓂᐅᐃᖕᒐᑦᑕᓂᐊᕐᒪᑕ, ᓄᓇᓕᓂᓐᓗ ᕐᑯᓕᓐᓗ ᓯᑕᒪᓐᓗᓂ ᐱᓇᓱᐊᕐᑕᐅᓚᐅᔪᑦᓯᓂ ᑕᒪᓐᓇ. ᐱᓇᓱᖕᒐᑎᖕᒐᕐᓯᑎᒃ ᐃᓅᓕᑦᓯᐊᒻᒥ ᑐᓚᑦᑕᐊᒻᒥᓗ ᐋᓐᓂᐊᐋᓐᓂᒃ, ᓇᐅᓕᒫᓂᒃ ᐃᓗᓯᓕᓇᓂᕐᒍᑦ ᐊᓐᓚᐱᒻᒥ ᐱᓇᓱᑦᑏᑦ ᑮᓇᐅᔭᖕᒐᖕᒐᕐᑎᓯᓂᒃᑯᑦ ᐃᑲᔪᕐᓯᒪᔫᑦ ᐱᓇᓱᐊᕐᑕᐅᔪᓂᒃ ᐱᐊᕋᑦᓴᓛᑦ ᖃᓄᐃᖕᒋᓯᐊᕐᓇᑐᓂᒃ ᓂᓇᒪᑦᓴᖕᒐᕐᑎᓯᒋᑦ. ᐱᓇᓱᖕᒐᑎᖕᒐᕐᒥᓯᑕ ᑲᑎᐊᒃ ᐃᓕᓐᓂᐊᓂᓕᓇᓂᕐᒥᒃ. ᑲᑎᐊᒃ ᓄᓇᓕᒫᑦ ᑲᓇᑕᒥ ᐅᓛᒋᑕᕐᑎᓯᔫᓂᒃ, ᓇᐅᓕᒫᓂᒃ ᐃᓗᓯᓕᓇᓂᕐᒍᑦ ᐊᓐᓚᐱᒻᒥ ᐱᓇᓱᑦᑏᑦ ᑮᓇᐅᔭᖕᒐᖕᒐᕐᑎᓯᒋᔫᑦᓯᓂ ᐅᓛᒋᑕᕐᑎᓯᔪᕗᑦ ᐅᓛᒋᑕᕐᑕᕐᓴᖕᒐᖕᒐᕐᑎᓯᓂᕐᒍᑦ ᓄᓇᐊᒻᒥ ᐃᓕᓴᕐᐃᓂ ᓯᑕᒪᐅᔪᕐᑐᓂ.

ᓂᕿᖕᒐᑦᓯᐊᓇᐊᖕᒐᕐᓂᒥᒃ ᐱᓇᓱᐊᕈᑎᒋᓕᖕᒐᓗᒍ, ᓱᕐᔪᓯᒪᕝᑦᑐᒥᒃ ᓄᓇᐊᒻᒥ ᐃᓕᑮᑦ ᐊᕝᕝᓗᐊᖕᒋᓐᓂᒃ, ᓇᐅᓕᒫᓂᒃ ᐃᓗᓯᓕᓇᓂᕐᒍᑦ ᐊᓐᓚᐱᒻᒥ ᐱᓇᓱᑦᑏᑦ ᐊᑕᐅᑦᓯᑰᕐᑎᓯᓂᖕᒐᓱᒍᕗᑦ ᐱᒋᐊᕐᑎᑕᐅᓯᒪᔪᒥᒃ 2014-ᒥ ᐊᓐᓚᑕᐅᒋᐊᖕᒐᖕᒐᓚᖕᒐᒪᑎᓐᓗᒍ ᐊᖕᒋᕐᑕᐅᓂᐊᕐᑎᓗᒍᓗ ᓄᓇᓕᓕᒫᓂ ᓂᕿᖕᒐᑦᓯᐊᓇᐊᖕᒐᕐᓂᒍᑦ ᒪᓕᒐᖅ. ᐱᓇᓱᖕᒐᑎᖕᒐᕐᑎᓯᒍᑎᓐᑦ ᕐᑯᓕᓐᓗ ᓯᑕᒪᓐᓗᐃᑦ ᑭᒻᒪᑐᕐᑐᑦ ᓄᓇᓕᓕᒫᓂ ᐱᓇᓱᕝᕕᓂᒃ ᑲᑐᑦᔨᖕᒐᑎᖕᒐᕐᑎᓐᓂᓂᓐᓗ ᒪᓕᒐᓕᐅᕐᑐᓴᕐᑯᑎᓕᐊᒍᓕᐅᔪᕗᑦ. ᓯᑕᒪᐃᑦᓯᑎᒃ ᑲᑎᒪᓯᒪᓕᕐᑐᑦ ᑕᕝᕝᓂ ᐊᕐᕌᒍᕐᒥ. ᑐᑭᓯᖕᒐᑎᖕᒐᕐᑎᓐᓂᓂᓐᓗ ᒪᓕᒐᓕᐅᕐᑐᓴᕐᑯᑎᓕᐊᒍᓕᐅᔪᕗᑦ. ᓯᑕᒪᐃᑦᓯᑎᒃ ᑲᑎᒪᓯᒪᓕᕐᑐᑦ ᑕᕝᕝᓂ ᐊᕐᕌᒍᕐᒥ. ᑐᑭᓯᖕᒐᑎᖕᒐᕐᑎᓐᓂᓂᓐᓗ ᒪᓕᒐᓕᐅᕐᑐᓴᕐᑯᑎᓕᐊᒍᓕᐅᔪᕗᑦ. ᓯᑕᒪᐃᑦᓯᑎᒃ ᑲᑎᒪᓯᒪᓕᕐᑐᑦ ᑕᕝᕝᓂ ᐊᕐᕌᒍᕐᒥ. ᑐᑭᓯᖕᒐᑎᖕᒐᕐᑎᓐᓂᓂᓐᓗ ᒪᓕᒐᓕᐅᕐᑐᓴᕐᑯᑎᓕᐊᒍᓕᐅᔪᕗᑦ. ᓯᑕᒪᐃᑦᓯᑎᒃ ᑲᑎᒪᓯᒪᓕᕐᑐᑦ ᑕᕝᕝᓂ ᐊᕐᕌᒍᕐᒥ.

ᓇᐅᓕᒫᓂᒃ ᐃᓗᓯᓕᓇᓂᕐᒍᑦ ᐊᓐᓚᐱᒻᒥ ᐱᓇᓱᑦᑏᑦ ᐊᑕᐅᑦᓯᑰᕐᑎᓯᓂᖕᒐᓱᒍᕗᑦ ᓄᓇᐊᒻᒥ ᓂᓇᑦᓯᐊᓇᐊᖕᒐᕐᓂᒍᑦ ᖃᓄᐃᖕᒋᓯᐊᓇᐊᖕᒐᕐᓂᒍᓐᓗ ᑲᑎᒪᔨᓂᒃ, ᑎᓕᔭᐅᒪᐅᑎᓕᓐᓂᒃ ᐃᒫᖕᒐᓕᔨᐅᓂᕐᒥᒃ ᑐᑭᒍᐊᖕᒐᑎᓯᓂᕐᒥᓗ ᐊᑦᔨᒦᖕᒋᑐᓂᒃ ᖃᐅᔨᓴᕐᓂᓂᒃ ᓂᓇᑦᓯᐊᓇᐊᖕᒐᕐᓂᒍᓕᖕᒐᔪᓂᒃ ᓱᒃᑯᓇᕐᑐᓕᖕᒐᔪᓂᓐᓗ ᓄᓇᐊᒻᒥ.

ᐊᐅᒃᑯᑦ ᐱᑕᑦᓴᕐᑲᓗᐊᕐᓂᖅ / ᒪᒪᕐᓴᐅᑎᕐᑲᓗᐊᕐᓂᖅ

ᐱᓇᓱᖕᒐᑎᑦᓯᒋᑦ ᐋᓐᓂᐊᐋᒃ ᑕᒪᕐᒥᒃ, ᐱᓇᓱᑦᑏᓗ ᓄᓇᓕᓐᓄᑦ ᐊᕐᐱᑕᓕᐅᔪᕗᑦ ᐊᑕᐅᓯᐱᑦᓯᑎᒃ

ᒪᕿᐃᑦᓱᑎᓐᓗᓃᑦ ᐊᕐᕋᒍᓚᐅᕐᑐᒥ ᑲᑎᓯᒥᐊᕐᑐᖃᑦᑕᓱᑎᓐ ᐊᐅᒃᑯᑦ ᐱᑕᑦᓴᖃᓗᐊᕐᑐᓂᒃ / ᒪᒪᕐᓴᐅᑎᖃᓗᐊᕐᑐᓂᒃ ᐊᑕᐅᓯᐅᓈᕐᑎᑎᓐᓗᒋᑦ ᑲᑎᒪᑎᓐᓗᒋᓐᓗᓃᑦ. ᑐᕋᒐᖃᕐᓱᑎᒃ ᑐᓴᐅᒪᑎᑦᓱᓂᕐᒥᒃ ᓂᓇᑦᓱᐊᖃᑦᑕᓇᐊᖃᕐᓂᒥᒃ, ᐃᕐᓕᓴᓇᐊᖃᕐᓂᒥᒃ ᐊᒻᒪᓗ ᑕᖃᒪᓗᐊᕐᒐᓕᒪᒍᑎᑦᓴᓂᒃ ᐊᐅᒃᑯᑦ ᐱᑕᑦᓴᖃᓗᐊᕈᒪᖕᖕᒋᒍᑦ / ᒪᒪᕐᓴᐅᑎᖃᓗᐊᕈᒪᖕᖕᒋᒍᑦ. ᐊᓯᖕᒋᑦ ᓱᒪᑦᓴᖃᕐᑎᓱᒍᑎᑦᓴᑦ ᐃᓂᓐᓚᑎᕐᑕᐅᒥᑎᓐᓗᒋᑦ ᑲᖕᒋᓱᑦᑎᓱᒋᐊᕈᑎᑦᓴᑦ ᐊᐅᒃᑯᑦ ᐱᑕᑦᓴᖃᓗᐊᕐᓂᒎᓕᖕᒐᔪᓂᒃ / ᒪᒪᕐᓴᐅᑎᖃᓗᐊᕐᓂᒎᓕᖕᒐᔪᓂᒃ.

ᐊᐅᒃᑯᑦ ᐱᑕᑦᓴᖃᓗᐊᕐᑐᑦ / ᒪᒪᕐᓴᐅᑎᖃᓗᐊᕐᑐᑦ ᐃᕈᒃᑯᑦ ᖃᐅᕈᓴᕐᑕᐅᓂᖃᓱᒍᒪᑕ ᐊᕐᕋᒍᑕᒫᑦ ᖃᐅᕈᓴᕐᑕᐅᓂᕐᒥᔪᑦ ᐋᓐᓂᐊᐋᓐᓂ ᑕᒥᓐᓂ.

ᑐᑉᑭ

ᑐᑉᑭᒥᒃ ᐃᑯᓐᓚᑎᑦᓯᒐᓱᐊᕐᓂᒥᒃ ᐱᓇᓱᐊᕐᑐᒍᑦ ᓴᐳᑦᕈᓯᒪᑦᓱᑕᓗ ᓄᕐᖃᕈᒪᔪᓂᒃ ᐱᓇᓱᖃᑎᒋᑦᓱᒋᑦ *INSPQ* -ᑯᑦ, ᑐᑭᓯᓕᐅᒥᒍᒪᑦᓱᑕ ᐃᓱᒪᒍᓱᖕᒋᓐᓂᒃ, ᐅᑦᐱᓇᔭᖕᒋᓐᓂᒃ ᐱᐅᓯᖕᒋᓐᓂᓗ ᑐᑉᑭᑦᓱᑦ. ᐱᓇᓱᖃᑎᒌᒍᑎᖃᕐᒥᓱᑕ ᓇᓗᓂᕐᓯᒪᓱᐊᕐᓂᒥᒃ ᖃᓄᖅ ᐃᑲᔪᕐᓯᒍᓐᓇᒪᖔᑦᑕ ᐃᑲᔪᕐᓯᔭᐅᒋᐊᓕᓐᓂᒃ.

ᐃᑲᔪᕈᒪᔭᕐᑦ:

- ᐅᐱᒐᕐᑐᐃᑦ;
- ᐱᐊᕋᑦᓴᓖᑦ;
- ᕿᑐᕐᖓᓖᑦ ᑲᒃᑲᓛᓂᒃ / ᐱᐊᕋᕐᓂᒃ;
- ᐃᓄᒃᒪᓇᑦ.

ᑕᑦᐱᑯᐊ ᖃᐅᕈᒋᐊᕐᐱᐅᖃᑦᑕᓚᖔᔪᑦ ᑕᕐᕿᐅᓚᖔᔪᓂ.

ᐃᕐᓕᓴᕐᓂᓄᑦ

ᐃᓗᓐᓈᒍᑦ ᖃᓄᐃᖕᖕᒋᓯᐊᓇᐊᖃᕐᓂᖅ ᑐᖕᖔᐃᒋᑦᓱᒍ ᐱᓇᓱᐊᕐᐸᐳᒍᑦ ᐱᓇᓱᖃᑎᒌᑦᓱᑕ ᐃᑯᓐᓚᑎᑦᓯᒐᓱᐊᕈᑎᑦᓴᓂᒃ ᖃᐅᕈᒪᑎᑦᓱᒍᑎᑦᓴᓂᓐᓗ, ᐃᑲᔪᕐᓯᒪᑦᓱᑕ ᐊᑦᕈᒌᖕᖕᒋᑐᓂᒃ ᐱᓇᓱᐊᕐᑕᐅᔪᓂᒃ.

ᐱᓇᓱᐊᕐᑕᐅᕝᑦᑐᑦ ᐃᓚᖕᒋᑦ:

- Blue Nose Marathon ᐅᐱᒐᕐᑐᓄᑦ ᓴᓐᓗᓂ;
- ᑎᐊᓇᐅᑦ ᖃᓄᐃᖕᖕᒋᓯᐊᓇᐊᖃᕐᓂᒥᒃ ᐱᓇᓱᖃᑎᖃᕐᓂᖕᒐ ᐃᓄᒃᒪᓇᓐᓂᒃ ᑯᑦᔪᐊᒥ;
- ᓱᒪᑦᓴᖃᕐᑎᑕᐅᓂᖕᒐ ᐊᑖᑕᐅᔪᑦ ᕿᑐᕐᖓᖕᒋᑦᑕᓗ ᐃᓄᒃᔪᐊᒥ;
- Jeunes Kanibus ᓱᑕᒪᓂ ᓄᓇᓕᓐᓂ.

ᑕᒪᒃᑯᐊ ᐱᓇᓱᐊᕐᑕᐅᕝᑦᑐᓕᒫᑦ ᐊᑯᓃᕐᑐᒥᒃ ᐱᓇᓱᐊᕐᑕᐅᒥᐊᖃᕐᐸᑐᑦ ᐃᓚᐅᒥᐊᓖᓐᓗ ᐃᓚᐅᑦᓱᐊᓇᐊᖃᖃᑦᑕᑎᓐᓗᒋᑦ. ᐊᒻᒪᓗ, ᐊᑦᕈᒌᖕᖕᒋᑐᑎᒍᑦ ᐱᓇᓱᐊᕐᑕᐅᓱᑎᒃ, ᐱᓇᓱᐊᕈᓯᓕᒫᒥ ᐱᒋᐅᕐᓴᓂᒃᑯᑦ, ᑕᖃᒪᓗᐊᕐᓂᒥᒃ ᐊᐅᓚᑦᓱᒍᓐᓇᐊᒥᒃ ᐃᓕᓴᕐᓂᑯᑦ, ᓱᒪᓱᐊᕐᑐᓄᒃ ᐃᓚᐅᖃᑦᑕᓂᒃᑯᑦ, ᐃᓅᖃᑎᒌᓐᓂᑯᑦ, ᐱᒍᓐᓇᑕᒥᑕ ᓱᓚᑖᒍᑦ ᐱᓇᓱᐊᖃᑦᑕᓂᒃᑯᑦ, ᓴᐱᓕᕐᑐᓕᓂᒃᑯᑦ ᐊᓱᖕᒋᓐᓗ.

ᑲᔪᓯᔪᒥᒃ ᐱᓇᓱᐊᕐᑕᐅᓂᖕᒐ ᓄᓇᐃᒻᒥᐅᑦ ᖃᓄᐃᑦᑐᒥᒃ ᐱᕝᓕᐊᓂᖃᕐᒪᖔᑦᑕ ᖃᓄᐃᖕᖕᒋᓯᐊᓇᐊᖃᕐᓂᒍᑦ ᐃᕐᐱᒍᓱᑦᓱᐊᓇᐊᖃᕐᓂᒍᓐᓗ

ᐃᕐᐱᒍᓱᓐᓂᖅ ᖃᓄᐃᑦᑐᒥᒃ ᐱᕝᓕᐊᓂᖃᕐᒪᖔᑦ ᐃᑲᔪᕐᓯᒪᒍᑎᐅᓱᒍᕐᖅ ᐃᑯᓐᓚᑎᑦᓯᒐᓱᐊᕈᑎᓂᒃ, ᖃᐅᕈᒪᑎᑦᓱᒍᑎᓂᒃ ᓴᐳᒻᒥᒍᑎᑦᓴᓂᓐᓗ. ᐃᕐᐱᒍᓱᑦᓱᐊᓇᐊᖃᕐᓂᒍᑦ ᐃᑲᔪᕐᓯᒪᔭᐅᒻᒥᓱᓂ. ᐃᕐᐱᒍᓱᓐᓂᖅ ᖃᓄᐃᑦᑐᒥᒃ ᐱᕝᓕᐊᓂᖃᕐᒪᖔᑦ ᐃᕐᐱᒍᓱᑦᓱᐊᓇᐊᖃᕐᓂᓗ ᐃᑲᔪᕐᓯᒪᒻᒥᑎᓐᓗᒋᒃ ᑐᑭᑖᕋᓱᐊᕐᓂᒥᒃ ᕿᒥᕐᕈᖃᑦᑕᓂᒃᑯᑦ ᐊᑦᕈᒌᖕᖕᒋᑐᓂᒃ ᖃᐅᕈᓴᐅᑎᐅᓯᒪᔪᓂᒃ ᑲᑎᕐᓱᑕᐅᓯᒪᔪᓂᒃ ᐊᒻᒪᓗ ᐊᓚᕐᑯᑎᓕᐊᒍᓯᒪᔪᓂᒃ, ᓄᑦᓕᑎᕐᑕᐅᓯᒪᔪᓂᓐᓗ, ᐃᓅᖃᑎᒌᑦᓗ ᐃᓂᓐᓚᖔᐅᓯᖕᒋᓐᓂᒃ ᖃᐅᕈᓴᐅᑎᐅᓯᒪᔪᓂᒃ.

2015-ᒥ, ᓇᒪᑦ-ᒍᓐᓂᖅᑯᑦ ᑐᓴᖅᑎᓯᒍᑎᐅᔪᑦ ᐋᓐᓂᐊᑦ ᐊᓐᓚᑕᐅᓯᒪᔪᓄᑦ ᐊᓪᓚᑕᐅᑦᓯᑎᒃ. ᓄᓕᐊᖅᓂᑯᑦ ᐊᐅᒃᑯᓗ ᐁᑦᑐᑑᑕᐅᓲᑦ ᐋᓐᓂᐊᑦ, ᓇᓕᒃᑳᑯᑦ ᐋᓐᓂᐊᑖᕆᔭᐅᓲᑦ genital chlamydiosis, gonococcal infection ᐋᓐᓂᐊᑖᕆᔭᐅᓯᒪᓂᖅᐸᐅᑎᓪᓗᒋᑦ, 90%-ᐅᖓᑖᓅᖅᓯᑎᒃ ᓄᓇᐃᒻᒥ ᐋᓐᓂᐊᑖᕆᔭᐅᓲᑦ ᑐᓴᖅᑎᓯᒍᑎᐅᒋᐊᓖᑦ ᑐᓴᖅᑎᓯᒍᑕᐅᓯᒪᓂᖅᒋᑦᑕ.

ᐊᓂᖅᑎᕆᔭᑦᑎᓂᑦ ᐱᔪᑦ ᐋᓐᓂᐊᑦ ᑐᖓᓕᕆᔭᐅᑎᓪᓗᒋᑦ. ᐳᑭᓪᓗᓇᖅᑐᖅ 90%-ᒦᑦᑎᓗᒍ ᑐᓴᖅᑎᓯᒍᑕᐅᑭᓐᓂᖅᖓ.

ᐋᓐᓂᐊᐃᒻᒦᓂᖅᒥᓂ ᐋᓐᓂᐊᓕᖅᑐᖅᑲᑦᑕᓂᖅᖅᒋᑐᖅ ᓄᓇᐃᒻᒥ 2015-ᒥ, ᑕᒪᓐᓇ ᖃᓄᐃᓕᖅᖓᒻᒪᖅᖓᑦ ᐃᖅᐱᒋᔭᐅᒍᑎᑦᓴᖅᑲᖅᖅᒋᓂᖅᖓᓅᔪᑦᓴᐅᔪᖅ.

ᑐᑭᓯᑎᑦᓯᒍᑎᒃ 3: ᑐᓴᖅᑎᓯᒍᑎᐅᓯᒪᔪᑦ ᐋᓐᓂᐊᓖᑦ ᑐᓴᖅᑎᓯᒍᑎᐅᒋᐊᓕᓐᓂᒃ, ᐊᖅᓂᑦ ᐊᖑᒍᑏᓪᓗ, ᖃᑦᓯᑐᐃᓐᓇᓂᒃ ᐅᑭᐅᓖᑦ, ᓄᓇᐃᒻᒥ, 2015-2016-ᒥ

MADO ᐋᓐᓂᐊᑦ ᑐᓴᖅᑎᓯᒍᑎᐅᒋᐊᖅᑲᓲᑦ	Frequency (%)
ᑲᑎᑦᓯᑎᒃ ᓄᓕᐊᖅᓂᑯᑦ ᐊᐅᒃᑯᓗ ᐁᑦᑐᑑᑕᐅᓲᑦ ᐋᓐᓂᐊᑦ	**767 (89.7)**
ᑲᑎᑦᓯᑎᒃ ᐊᓂᖅᑎᕆᔭᑦᑎᓂᑦ ᐱᔪᑦ ᐋᓐᓂᐊᑦ	**48 (5.6)**
ᑲᑎᑦᓯᑎᒃ ᐃᖅᕋᐃᒃᑯᑦ ᐋᓐᓂᐊᑦ ᐅᑭᑦᓴᓐᓂᑦ ᐃᒪᖅᒥᑦ ᐱᔪᑦ ᐋᓐᓂᐊᑦ	24 (2.8)
ᑲᑎᑦᓯᑎᒃ ᐋᓐᓂᐊᑦ ᑲᐳᖅᑕᐅᒍᑎᐅᒍᓐᓇᑐᑦ	11 (1.3)
ᑲᑎᑦᓯᑎᒃ ᐋᓐᓂᐊᑦ ᑐᓴᖅᑎᓯᓂᖅᓴᐅᓲᒍᓕᖅᓂᖅᒋᓐᓄᑦ (ᓂᕆᓂᖅᒍᑦ ᓱᒃᑯᓇᖅᑐᑕᓕᒻᒥᒃ8)	4* (0.5)

ᐱᔪᒪᔭᖅ: ᓇᐅᓕᒫᓂᒃ ᐃᓗᓯᓕᕆᓂᒍᓕᖅᓴᔪᓂᖅ ᑐᓴᐅᒪᑎᖅᓯᐊᒻᒥᑦ *Institut national de santé publique du Québec*, ᑐᓴᖅᑎᓯᒍᑎᑦ ᐁᕆᓕ 7, 2016-ᒥᓂᒍᖅ.

ᒪᖅᑭᐃᑦ ᖃᓄᖅᖅᒋᓯᐊᕆᐊᖅᑲᖅᓂᑯᑦ ᖃᓄᐃᓕᖅᖓᓂᐅᔪᑦ ᓄᐃᑕᐅᓚᐅᔪᔭᑦ ᐱᓇᓱᖅᑎᒥᑦᓯᒥᑦ *INSPQ*-ᑯᑦ: ᐅᐊᒐᖅᓂᓴᑦ ᑲᒃᑲᓛᑦ ᓴ ᐱᐊᓄᑦ ᐊᓈᓇᖅᒥᓪᓗ ᖃᓄᐃᒻᒪᖅᖓᑕ ᖃᐅᔨᒍᑎᑦᓴᑦ (2014) ᐊᒻᒪᓗ ᐅᐊᒐᖅᑐᐃᑦ, ᐃᓄᒻᒪᕆᑦ, ᐃᓄᑐᖅᐅᓂᖅᓴᓗ ᖃᓄᐃᒻᒪᖅᖓᑕ ᖃᐅᔨᒍᑎᑦᓴᑦ (2015). ■

ᐃᓄᐃᑦ ᐱᒻᒪᕆᕐᑯᑎᖅᑭᑦ ᐱᓇᓱᐊᓲᖅᑭᓐᓂᓗ ᐱᓇᓱᐊᕐᕕᖕᒐ

ᐃᓄᐃᑦ ᐃᓪᓕᕆᔨᖅᑭᓐᓂᒃ ᐱᓇᓱᐊᓲᖅᑭᓐᓂᓗ ᐊᓪᓚᐃᒻᒥ ᑲᒪᒋᔭᑦᓴᖃᕐᓗᑦ ᒪᕐᕉᓂᒃ ᐃᑲᔪᕐᓱᖃᑕᐅᓂᕐᒧᑦ ᐊᖏᖃᑎᒌᒍᑏᓐᓂᒃ ᐊᖏᖃᑎᐅᓯᒪᑎᓪᓗᒋᑦ ᑲᑦᒪᑐᖃᒃᑯᑦ:

◊ **ᓱᕗᓂᑦᓴᖃᑦᓱᐊᓂᕐᒧᑦ ᐱᓇᓱᑦᑕᐅᔪᑦᓴᑦ,** ᑮᓇᐅᔭᖃᕐᑎᓯᓲᒍᕗᑦ ᓄᓇᓕᓕᒫᓂᒃ ᐃᓄᐃᑦ ᐅᓄᕐᓂᖅᑭᑦ ᒪᓕᑦᓱᒋᑦ. ᑕᑯᓂ ᐊᕐᕌᒍᒥ ᑭᖑᒍᑦᑐᒪᓇᐅᓚᐅᔪᒪᓗᐊᕐᑎᓗᒋᑦ ᑮᓇᐅᔪᑦ, ᒃᑦ ᐱᓇᓱᑦᑕᐅᒍᒪᔪᕕᓃᑦ ᐊᖏᕐᑕᐅᓚᐅᔪᕗᑦ ᐱᔭᕇᕐᑕᐅᓱᑎᓪᓗ ᒫᑦᓱ 31, 2016-ᒍᓚᐅᕐᑎᓇᒍ.

◊ **ᐊᓪᓗᑦ ᐃᓕᓴᓇᐊᕐᑎᑕᐅᖃᑦᑕᓱᒪᔪᕕᓃᓪᓗ ᑐᑭᑖᕐᑕᐅᒐᓱᐊᕐᓂᖅᒐ ᖃᓄᐃᖅᑭᓱᐊᕐᓂᓕᓇᕕᑎᒍᑦ ᐃᑲᔪᕐᓱᔭᐅᓂᖅᒐ** ᑲᓇᑕᒥ ᖃᓄᐃᖅᑭᓱᐊᕐᓂᓕᓇᓂᑎᒍᑦ ᐱᓇᓱᐊᕐᑕᐅᕗᖅ ᓱᓕ ᐅᖃᕕᑦᓴᖃᕐᑎᑕᐅᖃᑦᑕᓱᑎᒃ ᐃᓕᓴᓇᐊᕐᑎᑕᐅᖃᑦᑕᓱᒪᔪᕕᓃᑦ ᓄᓇᑦᑎᓂᑦ ᐱᓱᒪᔪᑦ. ᐅᖃᕕᑦᓴᓕᐊᒍᓱᒪᔪᑦ ᑎᓕᔭᐅᒪᐅᑎᖃᕐᓱᑎᒃ ᐅᖃᕕᑦᓴᐅᖃᑦᑕᓂᐊᕐᓂᒥᒃ ᐃᓕᓴᓇᐊᕐᑎᑕᐅᖃᑦᑕᓱᒪᔪᕕᓂᕐᓄᑦ ᐃᓕᖏᓐᓄᓗ, ᐱᓗᐊᕐᑐᖅ ᑐᒃᑯᓄᖅᒐ ᐊᑕᐅᓱᐅᑦᑎᓗᑎᒃ ᖃᐅᔨᓴᕐᑕᐅᒥᐊᖃᖃᑦᑕᓛᕐᑐᓄᑦ ᑕᕐᕿᐅᓚᖅᒐᔪᓂ. ᐅᖃᕕᑦᓴᓕᐊᒍᓱᒪᔪᑦ ᑰᑦᔪᐊᒍᑦ, ᓴᑦᓗᓄᑦ, ᐳᕕᕐᓂᑐᒍᑦ, ᐊᑯᓕᕕᒻᒍᑦ, ᐊᐅᐸᓗᒻᒍᑦ, ᑲᖏᕐᓱᒍᑦ, ᐅᒥᐅᔭᕐᒍᑦ, ᐃᕗᔨᕕᒻᒍᓗ ᐳᓛᓇᐊᕐᓱᒪᔪᑦ ᐅᖃᕕᖃᕈᒪᔪᖃᕐᐸᑦ ᐊᑐᐃᓐᓇᐅᒥᐊᕐᑐᓱᑎᒃ. ᐅᖃᕕᑦᓴᓕᐊᒍᓱᒪᔪᑦ ᐃᑲᔪᕐᐸᒥᔪᑦ ᐋᓐᓂᐊᕕᐊᕕᓐᓂᒃ ᐃᓕᓴᕐᕕᓂᓪᓗ ᐅᖃᕕᖃᕈᒪᔪᓄᑦ ᐅᖃᕕᐅᒍᓐᓇᓱᑎᒃ.

ᐊᓪᓚᐃᒻᒥ ᐊᐅᓚᑕᐅᓂᖃᓲᑦ ᑯᐯᒃᑯᑦ ᐱᓇᓱᒍᑎᑦᓴᔭᖅᑭᑦ:

◊ **ᐃᕐᓂᓱᑦᓲᓂᓕᓇᓂᖅ;** ᐃᓄᐃᑦ ᐱᒻᒪᕆᕐᑯᑎᖅᑭᓐᓂᒃ ᐱᓇᓱᐊᓲᖅᑭᓐᓂᓗ ᐊᓪᓚᐃᒻᒥ ᐱᓇᓱᑦᑏᑦ ᑎᓕᔭᐅᒪᐅᑎᖃᕐᓗᑦ ᑲᒪᔨᒻᒪᓇᒻᒥᑦ ᐱᓇᓱᐊᕐᓂᐊᓗᑎᒃ ᓄᓇᓕᓕᒫᓂ ᐃᓂᓪᓚᖕᒪᐅᓱᓕᐅᕐᓂᒥᒃ ᑲᔪᓱᑎᑕᐅᒍᑎᑦᓴᖅᑭᓐᓂᒃ ᐃᕐᓂᓱᑦᓲᕕᑦᓴᑦ ᓄᓇᕕᒻᒥ ᐊᒻᒪᓗ ᐃᓗᓱᓕᓇᓂᕐᒧᑦ ᐱᒍᑦᔨᐅᑎᑎᒍᑦ ᐸᕐᓄᑕᐅᓱᒪᔪᒥᒃ ᑰᑦᔪᐊᒥ ᐃᕐᓂᓱᑦᓲᕕᑦᓴᐅᑉ. ᑐᑭᒧᐊᖅᑎᓱᔨ ᐃᓄᐃᑦ ᐱᒻᒪᕆᕐᑯᑎᖅᑭᓐᓂᒃ ᐱᓇᓱᐊᓲᖅᑭᓐᓂᓗ ᐊᓪᓚᐃᒻᒥ ᐊᒻᒪᓗ ᐹᕕᐊᓐ ᐱᓇᓱᐊᖃᑎᖃᕐᐸᑑᒃ ᒫᓇᔪᓴ ᑳᓄᒥᒃ ᐊᑕᐅᑦᓱᑰᕐᑎᓱᔨᒥᒃ ᐃᕐᓂᓱᑦᓲᔨᓂᒃ ᐅᖃᕐᑭᒥ ᐊᓪᓚᑯᑎᓕᐅᕐᓱᑎᒃ ᒪᓂᔭᐅᔪᑦᓴᓂᒃ ᓄᓇᕕᒻᒥ ᐃᓗᓱᓕᓇᓂᕐᒧᑦ ᑲᑎᒪᔨᑦ ᑲᑎᒪᓂᖅᒐᓄᑦ ᐊᒻᒪᓗ ᒪᕐᕉᓄᑦ 9ᑦ0 ᐋᓐᓂᐊᕕᓐᓄᑦ ᑐᓚᑦᑕᕕᒻᒍᑦ ᐃᓅᓕᑦᓱᕕᒻᒍᓗ ᑎᒪ ᑯᐯᒻᒥ ᐃᓗᓱᓕᓇᓂᕐᒥᒃ ᐱᒍᑦᔨᓂᕐᓄᑦ ᑐᕐᖃᑕᕐᕕᒍᕐᑕᐅᓂᐊᓕᕐᒪᑕ.

- ᐋᑯᑦᔪᐊᒥ ᐃᕐᓂᓱᑦᓲᕕᑦᓴᐅᑉ ᐃᓗᓱᓕᓇᓂᑎᒍᑦ ᐸᕐᓄᑕᐅᓂᖅᒐᑯ ᐱᔭᕇᑕᐅᔪᕕᓂᖅ ᕕᐳᐊᓇᐅᑉ ᐱᒋᐊᕐᓂᖅᒐᓂ ᐊᖏᕈᑕᐅᓱᑎᓪᓗ ᑐᓚᑦᑕᕕᐅᑉ ᐋᓐᓂᐊᕕᐅᑉ ᑲᑎᒪᔨᖏᓐᓄᑦ. ᐸᕐᓄᑕᐅᓱᒪᐅᑎᖅᒐᓗ ᒪᓂᔭᐅᓱᒪᓕᕐᓱᓂ ᑯᐯᒻᒥ ᐃᓗᓱᓕᓇᓂᕐᒧᑦ ᐱᒍᑦᔨᓂᕐᓄᑦ ᑐᕐᖃᑕᕐᕕᑯᓐᓄᑕᐅᓱᑎᓪᓗ, ᐱᓇᓱᖃᑎᒌᒍᑎᓕᓐᓄᓗ ᓴᐳᑦᔨᓱᒪᔭᐅᒥᐊᖃᓛᕐᑐᓴᐅᑦᓱᑕ ᐱᓇᓱᐊᕐᑕᑎᓐᓂᒃ ᑯᐯᒻᒥ ᐃᓗᓱᓕᓇᓂᕐᒧᑦ ᐱᒍᑦᔨᓂᕐᓄᑦ ᑐᕐᖃᑕᕐᕕᑯᓐᓄᑦ ᒥᒦᓕᕈᑦᑕ.

- ᐋᓄᓇᓕᓕᒫᓂ ᐃᓂᓪᓚᖕᒪᐅᓱᓕᐅᕐᓂᖅᒐ ᐃᕐᓂᓱᑦᓲᕕᑦ ᐃᕐᓂᓱᑦᓲᓂᓕᓇᓂᐅᓪᓗ ᓄᓇᕕᒻᒥᑯ ᐱᔭᕇᑕᐅᓚᐅᔪᕗᖅ ᐱᕐᐳᐊᓇᒥ ᒫᑦᓱᒥᓪᓗ ᐃᒪᑦ ᒪᓂᔭᐅᓂᐊᓕᕐᒥᒪᒥ ᑲᑎᒪᓂᖅᑲᕐᑎᓗᒋᑦ ᓄᓇᕕᒻᒥ ᐃᕐᓂᓱᑦᓲᓂᓕᓇᓂᕐᒥᒃ ᐱᓇᓱᖃᑎᒌᒍᑎᓖᑦ ᐃᓄᑦᔪᐊᒥ, ᒫᑦᓱ ᖁᒻᒥ ᖁᒃᒥᓪᓗ. ᓄᓇᕕᒻᒥ ᐃᕐᓂᓱᑦᓲᓂᓕᓇᓂᕐᒥᒃ ᐱᓇᓱᖃᑎᒌᒍᑎᓖᑦ ᐊᖏᕈᑎᖃᓚᐅᔪᕗᑦ ᓄᓇᓕᓕᒫᓂ ᐃᓂᓪᓚᖕᒪᐅᓱᓕᐅᕐᓂᒥᒃ.

◊ **ᐃᓄᑐᖅᑭᑦ ᐊᑐᕐᓂᓗᑦᑕᐅᑐᓕᕆᐊᖃᕐᓂᖅᒐᑕ ᐱᓇᓱᑦᑕᐅᓂᖅᒐ;** ᓄᓇᕕᒻᒥ ᐊᑐᕐᑕᐅᓱᒍᕗᖅ 2010-2015-ᒥ ᑲᑭᒪᒃᑯᑎᒍᑦ ᐱᓇᓱᐊᕐᑕᐅᕆᐊᓖᑦ ᐃᓄᑐᖅᑭᑦ ᐊᑐᕐᓂᓗᑦᑕᐅᑐᓕᕆᐊᖃᕐᓂᖅᑭᓐᓄᑦ, ᑲᑭᒪᒃᑯᑎᒍᑦ ᐱᓇᓱᐊᕐᑕᐅᔪᑦ ᖃᐅᔨᒪᔭᐅᑎᑦᓱᒍᑏᑦ ᓄᓇᓕᓕᒫᓂ ᐃᑲᔪᕐᓱᕆᐊᕈᑎᑦᓴᓂᒃ ᐃᓄᑐᖃᕐᓂᒃ ᐊᑐᕐᓂᓗᑦᑕᐅᓱᒪᔪᓂᒃ ᐊᑦᑕᓇᕐᓱᓂᐅᔭᕐᑐᓂᓪᓗ. ᓄᓇᓕᓕᒫᓂ ᐊᑕᐅᑦᓱᑰᕐᑎᓱᔨ ᐃᓄᑐᖅᑭᑦ ᐊᑐᕐᓂᓗᑦᑕᐅᑐᓕᕆᐊᖃᕐᓂᖅᑭᓐᓂᒃ ᑕᒪ ᐱᓇᓱᖃᑎᒋᔭᐅᑭᕐᓴᖅ ᐃᓄᐃᑦ ᐱᒻᒪᕆᕐᑯᑎᖅᑭᓐᓂᒃ ᐱᓇᓱᐊᓲᖅᑭᓐᓂᓗ ᐊᓪᓚᐃᖕᒪᓂ ᐱᓇᓱᑦᑎᓄᑦ, ᓄᓇᕕᒻᒥᐅᑦ ᐃᓄᑐᖅᑭᑦ ᐱᑭᓪᓕᓱᐊᖃᑦᑕᕐᑯᑦᓱᒋᑦ ᐃᓕᕐᕐᑯᓱᑎᒍᑦ ᖃᓄᐃᓗᕈᓱᕐᓂᑦ. ᑎᓕᔭᐅᒪᐅᑎᖃᕐᓱᓂᓗ

ᐃᒻᒥᓂᖅ ᐊᐅᓚᑦᓯᒍᓐᓇᓯᑎᑦᓯᓂᕐᒥᒃ ᐃᓄᒃᒪᓇᓐᓂᒃ ᑲᒪᔨᖕᒋᓐᓂᓗ, ᖃᐅᔨᒪᔭᐅᑎᑦᓯᓂᕐᒥᓗ ᐊᑕᐅᓯᐅᑦᑎᑐᑎᒍᑦ ᐃᓕᕐᕋᓯᖃᑎᒌᑦᑕᑐᖃᕋᓗᐊᕈᓂ ᒪᑭᒥᐊᑦᓯᐊᖕᒫᕈᓐᓇᓂᕐᒥᒃ.

◊ ᐊᕐᕌᒍᒥ ᓯᕗᑦᓕᕝᒥ ᑎᓕᔭᐅᒪᐅᑎᐅᓕᕐᑎᓗᒍ, ᓄᓇᓕᓕᒫᓂ ᐊᑕᐅᑦᓯᑰᕐᑎᓯᔨ ᐊᓐᓕᒋᐊᖕᖓᓚᓚᐅᔪᕗᖅ ᐱᓇᓱᐊᕐᑕᐅᒋᐊᓕᓐᓂᒃ, ᑐᖕᖓᐃᖃᕐᓯᓂ ᓄᓇᐃᒻᒥ ᓄᓇᓕᓐᓂ ᐃᓄᒃᒪᓈᑦ ᖃᐅᔨᒋᐊᕐᐃᐅᒍᑎᐃᓂᖕᒋᓐᓂᒃ. ᑕᓐᑯᓂ ᐊᕐᕌᒍᒥ ᓄᓇᓕᓕᒫᓂ ᐱᓇᓱᖃᑎᒌᒍᑎᓖᑦ ᐊᑦᑐᐊᔭᐅᓂᖃᕐᑐᓕᒫᓗ ᐱᓇᓱᖃᑎᒌᑦᓯᐊᓇᐊᕐᑎᑕᐅᓯᒪᔪᑦ. ᐱᑦᔪᑎᓐᓕᓇᐅᔪᑦ ᐃᓄᑐᕐᑯᑦ ᐊᑐᕐᓂᓗᑦᑕᐅᓂᖕᒋᓐᓄᑦ ᓄᓇᐃᒻᒥ ᐅᖃᐅᓯᐅᑦᓯᐊᕈᓐᓇᐳᑦ ᑲᑐᑦᔨᒍᑕᐅᓗᑎᒃ ᑭᓯᐊᓂ, ᑕᓯᐅᕐᓯᒋᐊᖃᑦᑕᑎᓐᓗᒋᑦ ᐃᓄᑐᕐᑯᑦ ᐱᓇᓱᖃᑎᒌᑦᑐᐃᓗ ᐱᓇᓱᑦᑎᖕᒋᑦ.

◊ **ᖃᓄᐃᖕᒋᓯᐊᕐᓂᓕᓇᓂᕐᒍᑦ ᑲᑎᒪᔨᑦ;** ᖃᓄᐃᖕᒋᓯᐊᕐᓂᓕᓇᓂᕐᒍᑦ ᑲᑎᒪᔨᑦ ᓄᓇᓕᒻᒥᑦ ᐱᓯᒪᓯᑎᒃ ᐱᓇᓱᖃᑎᒌᑦᐳᑦ ᓇᓗᓐᕐᓯᔨᐅᒋᐊᖃᕐᓯᑎᒃ ᓱᓐᑦ ᑭᖕᖓᒫᓇᕐᑑᒪᖕᒐᑕ ᖃᓄᐃᖕᒋᓯᐊᓇᐊᖃᕐᓂᑯᑦ ᒪᑭᑕᑦᓯᐊᓇᐊᖃᕐᓂᑯᑦᓗ. ᑲᑎᒪᔨᑦ ᑐᓴᐅᒪᑎᑦᓯᔨᐅᒋᐊᖃᓱᑦ ᓄᓇᓕᒻᒋᑐᓂᒃ ᓄᓇᓕᒥᓗ ᐱᓇᓱᐊᓂᒃ. ᓄᓇᓖᑦ ᕐᑯᓕᓗ ᓯᑕᒪᓗᒐᒪᑕ ᕐᑯᓕᓗ ᒪᕐᕈᓗᐃᑦ ᑲᑎᒪᔨᖃᕐᐳᑦ ᖃᓄᐃᖕᒋᓯᐊᕐᓂᓕᓇᔨᓂᒃ.

◊ **ᐃᓄᐃᑦ ᐱᕐᑯᓯᑐᖃᖕᒐᒍᑦ ᑎᒍᐊᕈᓯᖅ;** ᓄᓇᐃᒻᒥ ᐃᓗᓯᓕᓇᓂᕐᒍᑦ ᑲᑎᒪᔨᑦ ᒪᑭᐟᐃᑯᑦᓗ ᐱᓇᓱᖃᑎᒌᒍᑎᖃᖃᑦᑕᑐᑦ ᐊᑕᐅᑦᓯᑰᕐᑎᓯᓂᕐᒥᒃ ᐸᕐᓂᑎᐅᓂᐊᕐᑐᓂᒃ ᕿᒥᕐᕈᔪᑦᓴᓂᒃ ᓱᓂᑦ ᑭᖕᖓᒫᒪᕐᔭᐅᒻᒪᖕᒐᑕ ᓄᓇᐃᒥᑦᓗ ᖃᓄᐃᓕᖕᒪᒍᑕᐅᒍᒪᒻᒪᖕᒐᑦ ᐱᕐᑯᓯᑐᖃᒃᑯᑦ ᑎᒍᐊᕈᓯᓕᐅᕐᓂᐊᐸᑕ ᓄᓇᐃᒻᒥᐅᑦ. ᐸᕐᓂᑎᐅᓂᐊᕐᑐᑦ ᐃᓂᑦᓕᖕᒪᐅᓯᐅᕐᑯᒪᔭᕐᑕᒥᓂᒃ ᒪᓂᔨᒍᒪᓛᕐᑐᑦ ᓄᓇᐃᒻᒥ ᐃᓄᐃᑦ ᑎᒍᐊᕈᓯᖕᒪᓄᓕᖕᒪᔪᓂᒃ ᐃᓕᑦᓯᒍᑕᐅᓯᒪᔪᓂᒃ ᐃᓯᒪᒋᔭᖃᑦᓯᐊᓗᑎᒃ ᐊᒻᒪᓗ ᐃᓚᐅᑎᑦᓯᓯᐊᕐᓗᑎᒃ ᐃᓄᐃᑦ ᑎᒍᐊᕈᓯᖕᒪᒍᑦ ᐱᒻᒪᓇᕐᑯᑎᐅᔪᓂᒃ. ᐱᓇᓱᐊᕐᑕᒥᓂᒃ ᑲᔪᓯᑦᓯᐊᕈᒪᓂᕐᒥᓄᑦ, ᐸᕐᓂᑎᐅᓂᐊᕐᑐᑦ ᑲᑎᒪᓂᖃᕐᑎᓯᖃᑦᑕᓛᕐᑯᖅ ᐱᓇᓱᖃᑎᒌᑦᑎᓯᖃᑦᑕᓗᑎᑦᓗ, ᖃᐅᔨᒋᐊᕐᐃᖃᖃᑦᑕᓗᑎᑦᓗ ᓄᓇᓕᓐᓂᒃ ᐱᓇᓱᐊᖃᑕᐅᒍᒪᔪᓂᑦᓗ. ᓇᓗᓐᕐᑕᐅᓯᐊᓈᕐᐸᑕ ᓄᓇᓕᓕᒫᓂ ᑲᑎᒪᓂᒻᒪᓇᖃᕐᑎᓗᒍ, ᕿᓄᒍᑏᑦ ᒪᓂᔭᐅᓛᕐᑐᑦ ᓄᓇᐃᒻᒥ ᐃᓗᓯᓕᓇᓂᕐᒍᑦ ᑲᑎᒪᔨᖕᒋᓐᓄᑕᐅᓗᑎᒃ. ■

ᓄᓇᓕᓕᒫᓄᓕᖓᔪᖅ ᐱᓇᓱᒋᐃᒃ ᐱᓇᓱᑦᑎᓕᓇᓂᖅᒧᐊᖓᔪᓂᒃ ᐱᕙᓪᓕᐊᓂᖅ

ᐊᖅᑭᒍᖓ 2015-2016 ᐊᑦᑕᐅᖏᑦᑐᒐᓚᐅᒍᑎᖃᓚᐅᔪᖅ ᐊᓯᖏᓐᓂᑦ ᐊᖅᑭᒍᖅᓂᑦ ᐊᒥᓱᒐᓚᐅᓂᖏᓐᓄᑦ ᐱᒥᐊᖅᓴᓂᖅᒥᒃ ᐱᓇᓱᐊᖅᑕᐅᔪᑦ ᐱᒥᐊᖅᑎᑕᐅᓚᐅᔪᔪᑦ ᐃᓗᓱᓕᓇᓂᖅᒥ ᐃᓄᓕᓇᓂᖅᒥᓗ ᐱᒍᑦᑕᐅᑎᓂᒃ ᐱᓇᓱᐊᖃᑎᒌᑦᑐᓂ ᓄᓇᕕᒻᒥ. ᐃᓗᓐᓇᑎᒃ ᐱᒥᐅᖅᓴᓃᑦ 2014-2015ᒥᓂᑦ ᑲᔪᓱᓂᖅᒥᑦ ᐊᑕᔪᓕᕆᒻᒪᑕ ᐊᒻᒪᓗ ᓄᓇᓕᒫᓄᓕᖓᔪᖅ ᐱᓇᓱᐟᕕᒃ ᐱᓇᓱᑦᑎᓕᓇᓂᖅᒧᐊᖓᔪᓂᒃ ᐱᕙᓪᓕᐊᓂᖅᒥ ᐊᒥᓱᒥᐊᓪᓚᓂᒃ ᐱᓇᓱᐊᖅᑕᐅᔪᓂᒃ ᐱᒥᐊᖅᓱᒪᔪᖅᑲᒥᔪᑦ ᐊᖅᑭᒍᓚᖓᔪᒧᑦ ᐱᒥᐊᖅᑕᐅᔪᕕᓂᖅᓂᒃ 2015-2016ᒥ. ᑰᒃᑐᕋᐅᑎᒋᓗᒍ ᐹᔅᑯᕕᑦ 2000 ᐱᒥᐅᖅᓴᓂᖓ ᐱᓇᓱᑦᑏᑦ ᓄᑖᒥ ᐃᕕᖅᑎᓯᕕᒻᒥ ᐃᓄᒃᔪᐊᒥ ᐊᒻᒪᓗ ᐃᓚᒋᐊᖅᑕᐅᓂᖓᓂᒃ ᐅᓪᓗᒍᑦ ᐊᑕᐅᓯᖅᒍᑦ ᐱᒥᐊᖅᓴᑎᑦᓯᓂᐅᑦ ᐃᓗᖅᓯᓯᖅᒎᓚᖓᓚᖅᑎᓯᓂᖅᒥᒃ ᐱᓇᓱᑦᑎᑖᓇᒃᐅᕋᑖᖅᑐᓄᑦ ᓄᓇᕕᒻᒥ. ᐱᓇᓱᐊᖃᑎᒋᑦᓯᒋᑦ ᑲᑎᕕᒃ ᐃᓕᓴᖅᓂᓕᓇᓖᒃᑯᑦ, ᑕᒻᒪᓂ ᐱᓇᓱᒋᕕᒥ ᐱᕙᓪᓕᐊᑎᑦᓯᒥᔪᒍᑦ ᐃᓕᑕᓇᒃᐅᒍᑎᑖᒋᑎᓕᓐᓂᒃ AEC ᖃᓄᐃᙱᓯᐊᖅᓂᒍᑦ ᑲᒪᒋᔭᖅᓂᒥᒃ ᐊᒻᒪᓗ ᐊᓂᖅᒥᓃᑦᑐᒥᒃ ᑲᒪᒋᔭᖅᓂᒍᑦ ᐃᑲᔪᖅᑎᐅᓂᖅᒥᒃ ᐃᓕᓐᓂᐊᑎᑦᓯᓂᖅᒥᒃ. ᐱᒻᒪᓇᐅᓂᖅᐸᐅᑎᓐᓗᒋᒃ, ᒪᖅᐃᓂᒃ ᐃᓕᑕᓇᒃᐅᒍᑎᑖᒋᑎᓕᓐᓂᒃ ᐃᓕᓐᓂᐊᑎᑦᓯᒍᑏᓐᓂᒃ ᑐᕐᖅᐸᓕᐊᒍᑎᑦᓴᐅᓯᑎᒃ ᒍᓇᖅᒍᑦ ᐱᓇᓱᐊᖅᑕᐅᔪᖃᓕᖅᑐᖅ ᐱᓇᓱᖃᑎᒋᑦᓯᒍ ᒪᓇᐃᒃᑐᓄᓐ ᐃᓕᓐᓂᐊᕕᒻᒪᓇᒃ.

ᐱᒥᐅᖅᓴᓃᑦ

ᐱᒥᐅᖅᓴᓃᑦ ᐃᓄᓕᓇᓂᖅᒥ (ᐅᕕᒃᑯᑦ ᓴᐳᒻᒥᔭᐅᓂᖅᒋᓐᓄᑦ ᐊᒻᒪᓗ ᐋᓐᓂᐊᕕᒃ), ᐃᓕᒃᑰᑐᓂᒃ ᐃᓕᓴᖅᓂᑦ ᐊᒻᒪᓗ ᐊᐅᓚᑦᓯᓂᓕᓇᓂᖅ

ᐃᓱᒪᓐᓂᐊᓂᓕᓇᓂᖅᒥ ᐃᓕᓐᓂᐊᓂᖅ, ᒪᓇᐃᒃᑐᓗᓐ ᐃᓕᓐᓂᐊᕕᒻᒪᓇᒻᒧᑦ ᐱᑕᖃᖅᑎᑕᐅᑦᓯᓂ, ᑲᔪᓱᓚᐅᔪᖅ 2015-2016ᒥ. ᐅᕕᒃᑯᑦ ᓴᐳᒻᒥᔭᐅᓂᖅᒋᓐᓂ ᐋᓐᓂᐊᕕᑦᓗ ᐋᓐᓂᐊᓱᐅᓇᖅᑲᒋᑎᓂᒃ ᐱᒍᑦᑕᐅᑎᓂᒃ ᐱᓇᓱᐊᖅᑕᒥ, 30ᓂᒃ ᐃᓕᓐᓂᐊᑎᑦᓯᓂᖃᓚᐅᔪᖅᑐᑦ ᑰᒃᔪᐊᒥ ᐳᕕᖅᓂᑐᒥ ᐊᒻᒪᓗ ᓴᓐᓗᓂ ᐁᓇᓕ 2015 ᐁᓇᓕ 2016 ᐊᑯᓐᓂᖅᓴᓂ. ᐃᓕᒃᑰᑐᓂᒃ ᐃᓕᓐᓂᐊᓂᖅᓂ (ᐃᕕᖅᑎᓯᓂᖅᒥᒃ), 24ᓂᒃ ᐃᓕᓐᓂᐊᑎᑦᓯᓂᖃᓚᐅᔪᖅᑐᑦ ᑰᒃᔪᐊᒥ, ᐳᕕᖅᓂᑐᒥ ᐊᒻᒪᓗ ᓴᓐᓗᓂ. ᑭᖅᒍᓐᓕᕐᖅᓴᓗ, ᒪᓇᐃᒃᑐᓗᓐ ᐃᓕᓐᓂᐊᕕᒻᒪᓇᒃ ᑲᔪᓱᓚᐅᔪᖅᑐᑦ ᐱᑕᖃᖅᑎᓯᓂᖅᒥᓂᒃ ᐃᓕᓐᓂᐊᑎᑦᓯᓂᖅᓂᒃ ᑐᓴᐅᒪᖃᑎᒌᑦᑎᓯᒍᑎᓂᒃ ᐊᒻᒪᓗ ᐊᐅᓚᑦᓯᓂᓕᓇᓂᖅᒍᓕᖅᓴᓂᒃ 2015-2016ᒥ ᑲᑎᓕᒪᖅᓯᑎᒃ 23ᓂᒃ ᐃᓕᓐᓂᐊᑎᑦᓯᓂᖃᖅᓯᑎᒃ ᑰᒃᔪᐊᒥ ᐳᕕᖅᓂᑐᒥᓐᓗ.

ᐃᓱᒪᓐᓂᐊᓂᖅᒍᓕᖅᓴᓂᒃ ᐃᓕᓐᓂᐊᑎᑦᓯᓂᖅ ᐃᕕᖅᑎᓯᕕᓐᓂ

ᐱᓇᓱᐊᖅᕕᐅᓱᓂ ᓄᐃᑕᐅᕙᓪᓕᐊᔪᓂᒃ ᐊᒻᒪᓗ ᐱᕙᓪᓕᐊᔭᐅᓂᖅᓴᓂᒃ ᐃᓅᖃᑎᒌᓄᑦ ᐃᓚᒋᔭᐅᒥᐊᓪᓚᓕᕈᑎᑦᓴᓂᒃ, ᐃᕕᖅᑎᓯᓂᖅᒥ ᐊᒻᒪᓗ ᐅᕕᒃᑲᓄᐊᖅᓴᓂᒃ ᐊᐅᓚᑦᔭᓗᒍᑎᐅᒍᓐᓇᑐᓂᒃ ᐱᓇᓱᒍᓯᖅᓂᒃ, ᐹᔅᑯᕕᑦ ᐱᕙᓪᓕᐊᑎᑦᓯᕐᖅ ᐊᑦᑕᒌᖅᒋᑐᓂᒃ ᐃᑲᔪᖅᓯᒪᐅᑎᑦᓴᓂᒃ ᐱᓇᓱᑎᑦᓴᓂᓪᓗ ᐃᓕᓐᓂᐊᑎᑦᓯᓕᑐᐊᕋᒥ ᐃᑲᔪᖅᓯᒪᓕᑐᐊᕋᒥᓪᓗ ᐅᕕᒃᑲᓄᐊᖅᓴᓂᒃ ᐱᒍᑦᑕᐅᑎᓂᒃ ᐱᓇᓱᑦᑎᓂᒃ ᑐᙵᕕᖅᑲᓯᑎᒃ ᐃᓱᒪᖅᓂᐸᐅᑦᓯᑎᒃ ᖃᐅᔨᕙᓪᓕᒥᐊᕈᓯᖅᓂᒃ ᐱᓇᓱᒍᓯᖅᓂᒃ. 2015-2016ᒥ, ᐱᓇᓱᖃᑎᖃᓚᐅᔪᔪᐃᑦ ᐳᕕᖅᓂᑑᑦ ᐊᓇᖅᑭᓗᖅᓴᑕ ᐱᓇᓱᑦᑎᖅᒋᓐᓂᒃ ᐅᓪᓗᓂᒃ ᑲᑎᑦᓯᒋᑦ 78ᓂᒃ ᖁᓕᐅᙱᒐᖅᑐᕕᑦᓯᑎᒃ ᐊᐅᓚᖃᑦᑕᓯᑎᒃ. ᐱᕙᓪᓕᐊᑎᑦᓯᓂᖅᒥ ᐱᓇᓱᑦᑎᖅᓴ ᐃᑲᔪᖅᓯᓚᐅᔪᔪᖅ ᐱᓇᓱᐊᖃᑎᒌᑦᑐᓂᒃ ᐱᕙᓪᓕᐊᑎᑦᓯᓂᖅᒍᑦ ᐱᒍᓐᓇᓯᒋᐊᓪᓚᕈᑎᑦᓴᓂᒃ ᐱᐅᔪᓂᒃ ᐱᓂᐊᖅᓂᖅᒋᓐᓂᒃ ᖃᐅᔨᕙᓪᓕᒍᓯᖅᓂᒃ. ᑕᒪᓐᓇ ᐱᓇᓱᐊᖅᑕᖅᓴ ᑐᙵᕕᓕᒃ ᐃᓱᒪᓐᓂᐊᓇᒍᓯᖅᒥᒃ ᐃᓕᓴᒍᑎᓂᒃ ᐊᑦᔨᖅᓇᐊᖅᓯᒪᔪᓂᒃ ᐃᕕᖅᑎᓯᓂᖅᒥᒃ ᐱᒍᑦᑕᐅᑎᓂᒃ ᐃᓄᓐᓄᑦ ᐃᑲᔪᖅᑕᐅᔪᓄᑦ ᐅᕕᒃᑯᑦ ᓴᐳᒻᒥᔭᐅᓂᖅᒋᓐᓄᑦ ᐱᖁᔭᖅᓴᑕ ᐅᕕᒃᑯᑦ ᐱᖁᔭᖅᒥᒃ ᓯᖁᒥᑦᓯᓯᒪᔪᑦ ᐱᖁᔭᖅᓴᑕᓗ ᐱᑕᖃᖅᑎᓯᒍᑎᖅᒋᑎᒍᑦ.

ᐃᓄᐃᑦ ᑲᒪᔨᒻᒪᓇᑦ ᐃᓕᓐᓂᐊᑎᑕᐅᓂᖅᒋᓐᓄᑦ ᐱᓇᓱᐊᖅᓂᖅ

ᑕᒻᒪᓂ ᐊᖅᑭᒍᖅᒥ ᖃᖅᒋᕋᑖᖅᑐᒥ, ᐱᖅᓴᓯᓂᒃ ᐃᓕᓐᓂᐊᕕᖅᔪᐊᒥ-ᐃᓕᓴᖅᑕᐅᓯᓂᒃ ᐃᓕᓐᓂᐊᑎᑦᓯᓚᐅᔪᖅᑐᑦ ᒪᓕᑦᓯᑎᒃ McGill ᐃᓕᓐᓂᐊᕕᖅᔪᐊᒥ ᐃᓗᓯᓕᓇᓂᖅᒥ ᐃᓄᓕᓇᓂᖅᒥᓗ ᐱᒍᑦᑕᐅᑎᓂᒃ ᑲᒪᔨᒻᒪᓇᐅᓂᖅᒥ ᐱᔪᓐᓇᐅᑎᑖᒋᑎᓂᒃ ᐱᓇᓱᐊᖅᑕᐅᓯᓂᒃ (30-ᓂᒃ ᖃᓐᑦᓇᐊᒋᑎᓂᒃ ᐱᒥᐊᓕᒃ). ᑲᑎᑦᓯᑎᒃ 15ᓂᒃ

ᐃᓄᓐᓂᒃ ᐱᓇᓱᑦᑎᓂᒃ (ᑲᒪᔨᒻᒪᕆᓐᓂᒃ ᐊᒻᒪᓗ ᑲᒪᔨᒻᒪᕆᙵᒍᑐᐃᓐᓇᕆᐊᓕᓐᓂᒃ) ᐃᓚᐅᔪᕐᑕᖃᓚᐅᔪᕗᖅ ᑖᒃᑯᓇᓂ ᐃᓕᓐᓂᐊᑐᓂ. ᐃᓕᓐᓂᐊᑌᑦ ᐱᓇᓱᐊᒻᒪᕆᑦᑎᓯᒍᑎᐅᓲᑦ ᐅᓪᓗᓂ ᓱᑕᒪᐅᔪᖕᒋᒪᕐᑐᓂᑦ ᓇᓪᓕᑲᑦᑎᓱᒋᑦ ᑰᒃᔪᐊᒥᑦᐸᓱᑎᒃ ᐳᐃᕐᓂᑐᒦᓱᕙᑦᓱᑎᓗ. ᓱᑕᒪᐅᔪᖕᒋᒪᕐᑐᓂᒃ ᐃᓕᓐᓂᐊᖃᑎᐅᔪᖃᓱᓚᐅᔪᒻᒥᔪᖅ ᑖᒃᑯᓄᖕᒐ

ᐱᓇᓱᐊᕐᑕᓄᑦ ᑕᒻᒐᓂ ᐊᕐᕋᒍᕐᒥ. ᐊᑕᐅᓯᒋᐊᓪᓚᒃ ᐃᓕᓐᓂᐊᑎᒃ ᑖᒃᑯᓂᖕᒐ 30-ᓂᒃ ᖃᕝᕙᓇᐊᕈᑎᓂᒃ ᐱᓇᓱᐊᓇᐊᓕᓐᓂᒃ ᐱᔭᕇᓚᐅᔪᔪᖅ ᐊᒻᒪᓗ ᐱᔭᕇᒍᓱᕐᑕᐅᒍᑎᒥᓄᑦ ᐁᓱᒪᓚᐅᔪᕐᓱᓂ McGill ᐃᓕᓐᓂᐊᕕᕐᔪᐊᒥ ᓈᕕᒻᐱᓇ 2015ᒥ. ᐊᒥᓱᒋᐊᓪᓗᑦ ᐃᓕᓐᓂᐊᑏᑦ ᐱᔭᕇᕐᐸᓕᐊᔪᑦ ᑖᒃᑯᓂᖕᒐ ᐃᓕᓐᓂᐊᑕᐅᒋᐊᓕᓐᓂᒃ.

ᓱᖕᒋᐅᓱᓴᓃᑦ ᓄᓇᓕᒻᒥ ᐃᓚᐅᑦᓱᐊᕈᓐᓇᓂᕐᒥᒃ ᐃᓕᓐᓂᐊᑎᑦᓱᓂᖅ

ᐃᓅᓐᓇᑎᒃ ᐱᓇᓱᑦᑎᑖᓇᔭᓕᒫᑦ ᐃᓗᓱᓕᓇᓂᕐᒥ ᐃᓄᓕᓇᓂᕐᒥᓗ ᐱᒍᑦᔨᐅᑎᓂᒃ ᐱᓇᓱᐊᖃᑎᒌᑦᑐᓂ ᐃᓚᒋᔭᐅᓲᖕᒍᔭᑦ ᓱᖕᒋᐅᓱᓴᒍᑎᓄᑦ ᐃᓕᓐᓂᐊᑎᑕᐅᓱᑎᓗ ᓄᓇᓕᒻᒥ ᐃᓚᐅᑦᓱᐊᕈᓐᓇᐅᑎᑦᓴᓂᒃ. ᓱᔭᓕᒥ ᐅᓪᓗᖕᒐᓂ ᐃᓕᓐᓂᐊᑎᑕᐅᓂᕐᒥᓂ ᐅᓂᒃᑳᐃᐅᒋᐊᖕᒐᓲᖅ ᐃᓄᐃᑦ ᐃᓗᕐᕈᓱᖕᒐᓂᒃ ᑐᖕᒐᓕᖕᒐᓗ ᐅᓪᓗᖕᒐ ᐃᑲᔪᕐᓱᒍᑎᐅᑎᓪᓗᒍ ᐱᓇᓱᑦᑎᑖᖕᒍᕐᑖᕐᑐᓂᒃ ᐃᓅᓂᕐᒥᒃ ᓄᓇᕕᒻᒥ. ᑲᑎᑦᓱᑎᒃ, 17-ᕕᕐᓱᑎᒃ ᐃᓕᓐᓂᐊᑎᑦᓱᓚᐅᔪᔪᑦ ᑕᒻᒐᓂ ᐊᕐᕋᒍᕐᒥ 86ᓂᓪᓗ ᓄᑖᓂᒃ ᐱᓇᓱᑦᑎᑖᔭᐅᕐᑖᕐᑐᕕᓂᕐᓂᒃ ᐃᓕᓐᓂᐊᑎᑕᐅᔪᖃᓚᐅᔪᕐᓱᓂ. ᐱᓇᓱᐊᕐᑕᐅᓱᓚᐅᔪᔪᑦ ᑕᒪᒃᑯᐊ ᐃᓕᔭᒍᑎᐅᓲᑦ ᓄᑖᓂᒃ ᐃᓚᒋᐊᕐᑕᐅᒍᑎᑦᓴᖕᒋᑦ 2016 ᐱᒋᐊᕐᖃᒥᐅᑎᓪᓗᒍ. ᒣ 2016-ᖕᒍᓕᕐᐸᑦ, ᐃᓚᒋᐊᕐᓱᒪᓛᓕᕐᒥᔪᑦ ᐅᓪᓗᒋᐊᓪᓚᒥᒃ ᐃᓕᓐᓂᐊᑎᑕᐅᓂᖕᒋᑦ ᐃᓗᕐᕈᓱᕐᒨᓕᖕᒐᔪᓂᒃ ᐊᓱᑦᔨᒋᐊᓇᒋᐅᕐᓴᓂᕐᒥᒃ.

ᐋᓐᓂᐊᓂᓕᓇᓂᕐᒧᑦ ᐱᓇᓱᐊᕐᑌᑦ

ᐊᒥᓱᒐᓚᓐᓂᒃ ᐱᓇᓱᐊᕐᑕᐅᔪᓂᒃ ᐋᓐᓂᐊᓂᓕᓇᓂᕐᓄ ᐱᓇᓱᐊᕐᑕᓈᓕᖕᒐᔪᓂᒃ ᐱᓇᓱᑦᑕᐅᔪᖃᓚᐅᔪᕗᖅ ᐃᑲᔪᕐᑎᒌᖃᑎᒋᑦᓱᒋᑦ ᐸᕐᓂᓂᕐᒧᑦ ᐃᑲᔪᕐᓱᒪᐅᑎᓕᐅᕐᓂᒧᓪᓗ ᐱᓇᓱᐊᕐᐱᑯᑦ ᐊᒥᓱᒐᓗᓪᓗ ᑲᑎᖕᒐᔨᐅᐃᑦ. ᐆᒃᑐᕋᐅᑎᒥᓗᒍ ᐳᑦᑕᐅᑏᑦ ᑲᑎᒪᓂᒻᒪᕆᓇᒃ. ᓄᓇᓕᓕᒫᓄᓕᖕᒐᓱᓂ ᐃᓄᓱᕐᒥᒃ ᑭᐱᓱᑦᑌᓕᓂᕐᒧᑦ ᐊᖕᒋᐊᖕᒋᔭᕐᓂᒧᓪᓗ ᑲᑎᒪᓂᒻᒪᕆ ᐊᒻᒪᓗ ᓱᕐᓕᐸᐅᑦᓱᓂᒃ ᑎᒥᑦᑐᒥᒃ ᑲᑎᒪᓂᒻᒪᕆᐅᑦᓱᓂ ᓄᓇᕕᒻᒥ. ᐊᑑᑎᔭᐅᓚᐅᔪᔪᖅ ᐳᐃᕐᓂᑐᒥ ᐅᑭᐊᑦᓴᐅᑎᓪᓗᒍ. ᖃᓄᐃᖕᒋᓱᐊᕐᓂᒧᑦ ᐱᓇᓱᐊᖃᑎᒌᑦᑐᑦ ᑕᑯᔭᑦᓴᖃᑎᓱᓂᖕᒐ ᐋᕐᕿᓱᕐᑕᐅᓚᐅᔪᕗᖅ ᐱᓇᓱᒃᐃᒍᑦ, ᐱᐃᑦᓴᖃᑎᓱᒍᑎᐅᑦᓱᓂ ᐃᓚᐅᔪᓂᒃ ᓄᓇᓕᒻᒥᓗ ᐃᓄᓐᓂᒃ ᑐᑭᓱᒐᓱᐊᕈᓐᓇᓂᕐᒥᒃ ᐊᑦᔨᒌᖕᒋᑐᓂᒃ ᐱᓇᓱᐊᕐᑕᐅᔪᓂᒃ ᐱᒍᑦᔨᐅᑎᓂᓪᓗ ᓄᓇᕕᒻᒥ ᐃᑲᔪᕐᓱᒍᑎᐅᔪᓂᒃ ᖃᓄᐃᖕᒋᓱᐊᕐᓂᖕᒋᓐᓂᒃ ᓄᓇᕕᒻᒥᐅᑦ. ᐃᓚᒋᔭᐅᒻᒥᓱᓂ ᐊᓱᖕᒋᓐᓄᑦ ᐱᓇᓱᐊᕐᑕᐅᔪᓄᑦ. ᑕᒻᒐᓂ ᐊᕐᕋᒍᓚᖕᒐᔪᒥ ᓄᓇᓕᓕᒫᓄᓕᖕᒐᔪᖅ ᓄᓇᕕᒻᒨᓕᖕᒐᓕᕐᑎᓱᓂᕐᒧᑦ ᑲᑎᒪᔨᑦ ᑲᒪᒋᔭᖃᓛᕐᑐᑦ ᓄᓇᕕᒨᓕᖕᒐᓕᕐᑎᓱᒍᑎᓂᒃ ᓇᓪᓕᒋᔨᖃᕐᓂᒥ ᐃᑦᐱᒍᓱᒍᑎᓄᓐᖕᒐᔪᓂᒃ ᐃᓕᓐᓂᐊᑎᑦᓱᒍᑎᓂᒃ ᑲᒪᒋᔭ ᖃᓇᐊᖃᓲᓂᒃ ᖃᐅᔨᕝᓚᑎᐅᑦᓱᑎᒃ ᐅᕕᒃᑲᓂᒃ ᐱᔭᕐᓃᓕᐅᕐᑐᓂᒃ ᐃᓚᖕᒋᓐᓂᓗ ᐱᓇᓱᐊᖃᑎᖃᕐᓲᓂᒃ.

ᖃᐅᔨᒪᔭᐅᑎᑦᓱᒍᑎᓕᓇᓂᖅ ᐱᓇᓱᑦᑎᑖᕋᓱᒍᑏᓪᓗ

ᐱᓇᓱᒐᑦᓴᑦ ᖃᐅᔨᒪᔭᐅᑎᑕᐅᒍᑎᖕᒋᑦ ᓄᓇᕕᒻᒥ

ᑕᓪᓕᒪᓂᒃ ᓄᓇᓕᓐᓂᒃ ᑎᑭᑕᐅᓱᒪᔪᖃᓚᐅᔪᕗᖅ 2015ᒥ. ᐅᓂᒃᑳᓇᐊᕐᑐᑐᓂᒃ ᓄᓇᕕᐅᑦ ᐃᓗᓱᓕᓇᓂᕐᒥ ᐃᓄᓕᓇᓂᕐᒥᓗ ᐱᒍᑦᔨᐅᑎᓂᒃ ᐱᓇᓱᐊᖃᑎᒌᑦᑐᓂᒃ ᐱᓇᓱᐊᕐᑐᖃᓚᐅᔪᕗᖅ ᐳᕐᑐᓂᕐᓴᓃᑦᑐᓄᑦ ᐃᓕᓐᓂᐊᑎᓄᑦ ᐊᒻᒪᓗ ᐋᓐᓂᐊᕕᑦ ᐳᓛᓇᐊᕐᑕᐅᓂᖕᒋᑦ ᐃᓕᓐᓂᐊᑎᓄᑦ ᐋᕐᕿᓱᕐᑕᐅᓱᒪᓚᐅᔪᕐᓱᑎᒃ. ᐃᑲᔪᕐᑎᒌᒍᑎᑦᓴᑦ ᐱᕝᓕᐊᑎᑕᐅᒻᒥᔪᑦ ᑲᑎᕕᒃ ᐃᓕᓴᕐᓂᓕᓇᔨᒃᑯᓗ ᓄᓇᓕᓐᓂ ᐊᕐᕕᑕᕐᕕᖃᕈᑎᑦᓴᓄᑦ ᓱᔭᓂᕐᒥ ᐱᓇᓱᒐᕐᓂᒃ ᑕᑯᑦᓴᐅᑎᑦᓱᒍᑎᑦᓴᓄᑦ ᐱᓇᓱᐊᕐᑕᐅᓱᑎᒃ.

ᐱᓇᓱᒐᑦᓴᑦ ᖃᐅᔨᒪᔭᐅᑎᑕᐅᓂᖕᒋᑦ ᓄᓇᕕᐅᑦ ᓱᓚᑖᓂ

ᓄᓇᕕᒻᒥ ᐃᓗᓱᓕᓇᔨᒃᑯᑦ ᐃᓚᒋᔭᐅᓚᐅᔪᔪᑦ ᐊᑦᔨᒌᖕᒋᑐᓚᑳᓄᑦ ᐱᓇᓱᒐᑦᓴᑦ ᑕᑯᑦᓴᐅᑎᑕᐅᕕᖕᒋᓐᓄᑦ ᐃᓕᓐᓂᐊᕕᕐᔪᐊᓄᓪᓗ ᖃᐅᔨᒪᔭᐅᑎᑦᓱᒐᓱᐊᕐᓱᑎᒃ ᐱᓪᓗᑯᒥᐊᓕᐅᑦᓱᑎᒃ ᐱᓇᓱᒐᑦᓴᓂᒃ ᓄᓇᕕᒻᒥ. ᓄᓇᕕᒃ ᑭᒻᒐᕐᑕᐅᓚᐅᔪᕗᖅ 14ᓂᑦ ᐊᑦᔨᒌᖕᒋᑐᓂᑦ ᐃᓕᓐᓂᐊᕕᕐᔪᐊᑦ ᐱᓇᓱᒐᑦᓴᓂᒃ ᑕᑯᑦᓴᐅᑎᑦᓱᕕᖃᕐᑎᓗᒋᑦ ᐱᓇᓱᒐᑦᓴᓗᑦ ᑲᑎᒪᓂᒻᒪᕆᖃᕈᑎᐅᑎᓪᓗᒋᑦ ᐊᒻᒪᓗ ᓄᓇᕕᐅᑦ ᑕᑯᓐᓇᕈᓱᖕᒐᓂᒃ ᑕᑯᑦᓴᐅᑎᑦᓱᕕᒃ ᖃᐅᔨᒪᔭᐅᑎᑦᓱᒍᑎᑦᓴᓕᐊᓇᓱᒪᔪᐃᓪᓗ ᐃᓗᓐᓇᑎᒃ ᐱᒍᒪᔭᐅᓪᓚᓇᖃᑦᑕᓱᑎᒃ. ᑕᒪᒃᑯᐊ ᐱᐃᑦᓴᖃᑎᓱᒍᑏᑦ ᐃᓱᐊᕐᕌᒍᖕᒐᓲᑦ ᖃᐅᔨᒪᔭᐅᑎᑦᓱᒐᓱᐊᕈᑎᒋᑦᓱᒋᑦ ᐱᓇᓱᒐᑦᓴᓂᒃ ᓄᓇᕕᐅᑦ ᐃᓗᓱᓕᓇᓂᕐᒥ ᐃᓄᓕᓇᓂᕐᒥᓗ ᐱᒍᑦᔨᐅᑎᓂᒃ ᐱᓇᓱᐊᖃᑎᒌᑦᑐᓂᒃ.

ᖃᐅᔨᒪᔭᐅᑎᑦᓱᒍᑎᓕᓇᓂᖅ ᐱᓇᓱᑦᑎᑖᕋᓱᒍᑏᓪᓗ

ᐱᓇᓱᒐᑦᓴᑦ ᖃᐅᔨᒪᔭᐅᑎᑕᐅᒍᑎᖕᒋᑦ ᓄᓇᕕᒻᒥ

ᑕᓪᓕᒪᓂᒃ ᓄᓇᓕᓐᓂᒃ ᑎᑭᑕᐅᓱᒪᔪᖃᓚᐅᔪᕗᖅ 2015ᒥ. ᐅᓂᒃᑳᓇᐊᕐᑐᑐᓂᒃ ᓄᓇᕕᐅᑦ ᐃᓗᓱᓕᓇᓂᕐᒥ ᐃᓄᓕᓇᓂᕐᒥᓗ ᐱᒍᑦᔨᐅᑎᓂᒃ ᐱᓇᓱᐊᖃᑎᒌᑦᑐᓂᒃ ᐱᓇᓱᐊᕐᑐᖃᓚᐅᔪᕗᖅ ᐳᕐᑐᓂᕐᓴᓃᑦᑐᓄᑦ ᐃᓕᓐᓂᐊᑎᓄᑦ ᐊᒻᒪᓗ ᐋᓐᓂᐊᕕᑦ ᐳᓛᓇᐊᕐᑕᐅᓂᖕᒋᑦ ᐃᓕᓐᓂᐊᑎᓄᑦ ᐋᕐᕿᓱᕐᑕᐅᓱᒪᓚᐅᔪᕐᓱᑎᒃ. ᐃᑲᔪᕐᑎᒌᒍᑎᑦᓴᑦ ᐱᕝᓕᐊᑎᑕᐅᒻᒥᔪᑦ ᑲᑎᕕᒃ ᐃᓕᓴᕐᓂᓕᓇᔨᒃᑯᓗ ᓄᓇᓕᓐᓂ ᐊᕐᕕᑕᕐᕕᖃᕈᑎᑦᓴᓄᑦ ᓱᔭᓂᕐᒥ ᐱᓇᓱᒐᕐᓂᒃ ᑕᑯᑦᓴᐅᑎᑦᓱᒍᑎᑦᓴᓄᑦ ᐱᓇᓱᐊᕐᑕᐅᓱᑎᒃ.

ᐱᓇᓱᒐᑦᓴᑦ ᖃᐅᔨᒪᔭᐅᑎᑕᐅᓂᖕᒋᑦ ᓄᓇᕕᐅᑦ ᓱᓚᑖᓂ

ᓄᓇᕕᒻᒥ ᐃᓗᓱᓕᓇᔨᒃᑯᑦ ᐃᓚᒋᔭᐅᓚᐅᔪᔪᑦ ᐊᑦᔨᒌᖕᒋᑐᓚᑳᓄᑦ ᐱᓇᓱᒐᑦᓴᑦ ᑕᑯᑦᓴᐅᑎᑕᐅᕕᖕᒋᓐᓄᑦ ᐃᓕᓐᓂᐊᕕᕐᔪᐊᓄᓪᓗ ᖃᐅᔨᒪᔭᐅᑎᑦᓱᒐᓱᐊᕐᓱᑎᒃ ᐱᓪᓗᑯᒥᐊᓕᐅᑦᓱᑎᒃ ᐱᓇᓱᒐᑦᓴᓂᒃ ᓄᓇᕕᒻᒥ. ᓄᓇᕕᒃ ᑭᒻᒐᕐᑕᐅᓚᐅᔪᕗᖅ 14ᓂᑦ ᐊᑦᔨᒌᖕᒋᑐᓂᑦ ᐃᓕᓐᓂᐊᕕᕐᔪᐊᑦ ᐱᓇᓱᒐᑦᓴᓂᒃ ᑕᑯᑦᓴᐅᑎᑦᓱᕕᖃᕐᑎᓗᒋᑦ ᐱᓇᓱᒐᑦᓴᓗᑦ ᑲᑎᒪᓂᒻᒪᕆᖃᕈᑎᐅᑎᓪᓗᒋᑦ ᐊᒻᒪᓗ ᓄᓇᕕᐅᑦ ᑕᑯᓐᓇᕈᓱᖕᒐᓂᒃ ᑕᑯᑦᓴᐅᑎᑦᓱᕕᒃ ᖃᐅᔨᒪᔭᐅᑎᑦᓱᒍᑎᑦᓴᓕᐊᓇᓱᒪᔪᐃᓪᓗ ᐃᓗᓐᓇᑎᒃ ᐱᒍᒪᔭᐅᓪᓚᓇᖃᑦᑕᓱᑎᒃ. ᑕᒪᒃᑯᐊ ᐱᐃᑦᓴᖃᑎᓱᒍᑏᑦ ᐃᓱᐊᕐᕌᒍᖕᒐᓲᑦ ᖃᐅᔨᒪᔭᐅᑎᑦᓱᒐᓱᐊᕈᑎᒋᑦᓱᒋᑦ ᐱᓇᓱᒐᑦᓴᓂᒃ ᓄᓇᕕᐅᑦ ᐃᓗᓱᓕᓇᓂᕐᒥ ᐃᓄᓕᓇᓂᕐᒥᓗ ᐱᒍᑦᔨᐅᑎᓂᒃ ᐱᓇᓱᐊᖃᑎᒌᑦᑐᓂᒃ.

ᓄᓇᕗᐅᑉ ᓯᓚᑖᓂ ᐱᒍᑦᑯᐅᑎᓄᑦ ᐊᓪᓚᕗᒃ

ᓄᓇᕗᐅᑉ ᓯᓚᑖᓂ ᐱᒍᑦᑯᐅᑎᓄᑦ ᐊᓪᓚᕗᒃ

ᒪᓐᑐᓇᐊᒥ ᐋᓐᓂᐊᕗᓕᐊᕐᓯᒪᔪᓕᓇᕗᐅᑉ ᓄᑦᑎᑕᐅᓂᖓᑕ ᐱᓇᓱᐊᕐᑕᐅᓂᖓ

2015-ᒥ ᐊᓪᓗᓇᐊᑦᓯᐊᓂᖃᓚᐅᔪᖕᒍᑦ ᐊᖏᕈᑎᖃᓚᐅᔪᒪᑦᑕ ᐊᑦᑕᑐᕈᑎᒥᒃ ᓄᑖᒥᒃ ᐋᓐᓂᐊᕗᓕᐊᕐᓯᒪᔪᑦ ᓯᓂᑦᑕᕗᑦᓴᖓᓂᒃ.

ᐸᕐᓂᑕᐅᓂᖓ ᖃᓄᐃᓕᖓᓪᓗᓇᐊᖃᕐᓂᖓᓗ ᐅᖃᐅᓯᐅᓯᒪᓕᕐᑐᑦ. ᑐᑭᑖᕈᑕᐅᑦᓯᐊᓚᖓᓂᖓ ᐊᑐᐃᓐᓇᐅᒥᐊᕗᑦᑐᖅ.

ᑎᓯᒪᐱᓇ 2015-ᒥ ᓴᓇᔭᐅᓯᒋᐊᕐᑐᕗᓂᖅ. ᐅᓪᓗᒥ, ᒫᑦᓯ 23, 2016-ᒦᒃᑲᑕ, ᐱᖓᔪᐊ ᓇᑎᖓ ᓴᓇᔭᐅᓕᕐᑐᖅ. ᓯᑕᒪᖓ ᓇᑎᖓ ᐁᓇᓕᒥ ᐱᔭᕇᕐᑕᐅᓛᕐᑐᓴᐅᔪᖅ. ᑖᓐᓇ ᐃᓪᓗᔪᐊᖅ ᐊᑦᑕᑐᕐᑕᐅᓛᕐᑐᖅ ᐃᓅᓕᑦᓯᐊᒪᒧᑦ ᐊᕐᕋᒍᓂ ᖁᓕᓪᓗ ᑕᓪᓕᒪᓪᓗᓂ ᐊᑐᐃᓐᓇᐅᒍᓇᐅᑦᓯᓂᓗ ᓄᐊᒪᐱᓇ 2016-ᒥ ᓄᑦᑎᐊᐅᒐᔭᕐᓯᓂ ᑎᓯᒪᐱᓇ 2016-ᒥ. ᑯᐯᒪᒥ ᐃᓗᓯᓕᓇᓂᕐᒧᑦ ᐱᒍᑦᑯᐅᓂᕐᓄᑦ ᑐᕐᖃᑕᕐᐃᑯᓐᓄᑦ ᐊᖏᕐᑕᐅᖃᓇᐊᖃᕐᑐᒍᑦ ᐃᓅᓕᑦᓯᐊᒃ ᐊᑎᓕᐅᓚᐅᕐᑎᓇᒍ ᐊᑦᑕᑐᕈᑎᒥᒃ.

ᒪᓐᑐᓇᐊᒥ ᐋᓐᓂᐊᕗᓕᐊᕐᓯᒪᔪᓕᓇᕗᐅᑉ ᓄᑦᑎᑕᐅᓂᑦᓴᖓᑕ ᐱᓇᓱᐊᕐᑕᐅᓂᖓᓂᒃ ᐱᓇᓱᖃᑎᒌᒍᑎᓛᑦ ᑲᑎᒪᔫᑦ ᐱᓇᓱᐊᕈᔫᒃ ᒪᕐᕈᑕᒫᑦ ᐱᖓᑦᓯᑐᓂ ᖃᓄᐃᓕᖓᓕᕐᒪᖔᑦ ᐱᓇᓱᐊᕐᑕᐅᓂᖓ ᖃᐅᔨᓴᓕᖓᑦᓯᑎᒃ. ᐸᕐᓂᑕᐅᓂᖓ ᖃᓄᐃᓕᖓᓪᓗᓇᐊᖃᕐᓂᖓᓗ ᐃᑉᐱᒋᔭᐅᔫᖅ ᓴᓇᔨᑦᑎᓄᑦ EVOO, ᐃᔭᐅᒍᓯᖃᖃᑦᑕᓯᒪᔪᒧᑦ FGDMA.

ᒪᓐᑐᓇᐊᒥ ᐋᓐᓂᐊᕗᓕᐊᕐᓯᒪᔪᓕᓇᕗᐅᑉ ᐃᔭᐅᒍᓯᖓᑕ ᐊᓯᑦᓴᖓᓂᒃ ᐱᓕᐅᑦᔨᑎᑦᓯᒍᑎᖃᓯᔪᒍᑦ. ᐁᓇᓕᒥ ᖃᐅᔨᑎᑦᓯᒍᑕᐅᓛᕐᑐᖅ. ᐃᒪ ᑕᕐᓴᓴᖓ ᓇᓪᓕᑲᕐᑕᐅᒋᐊᖃᕐᓂᐊᓕᕐᒥᒪᑦ.

ᑐᐊᕋᓪᒥᓛᕐᒪᑦ, ᑯᐯᒪᒥ ᐃᓗᓯᓕᓇᓂᕐᒥᒃ ᐱᒍᑦᑯᐅᓂᕐᓄᑦ ᑐᕐᖃᑕᕐᐃᑯᑦ ᑐᒃᓯᕋᕐᐃᒋᓯᒪᔭᕗᑦ $1,157,113.10-ᓂᒃ ᓂᐅᐃᕈᑎᑦᓴᓂᒃ ᐱᐅᓕᓐᓂᐊᒐᕐᓚᓂᒃ, ᐅᖃᒍᑎᓂᒃ, ᓄᑦᑎᕈᑎᑦᓴᓂᓪᓗ. ᐊᖏᕐᑕᐅᑐᐊᕐᐸᑕ, ᐊᑭᑭᓐᓂᐸᕐᓯᐅᕈᑎᓕᓇᒋᐊᖃᓛᕐᑐᒍᑦ.

ᑐᐊᕋᓪᒥᑦᑐᖅ 695 Orly avenue in Dorval, H9P 1G1; ᑐᐊᕋᓪᒥ ᒥᕝᕕᐅᑉ ᓴᓂᐊᓃᑦᓯᓂ ᐊᕐᕋᑎᐅᓪᓗ Côte-de-Liesse highway ᓴᓂᐊᓃᑦᓯᓂ.

ᐅᒃᑑᐱᓇ 2015-ᒥᑦ ᐃᐳᐊᓇ 2016-ᒧᑦ, ᒪᓐᑐᓇᐊᒥ ᐋᓐᓂᐊᕗᓕᐊᕐᓯᒪᔪᓕᓇᕗᒃ ᑯᐯᒃ ᑕᕐᕋᖓᓂᒥᐅᓂᒃ ᐊᕐᕋᑎᑖᑦᑐᖅ Tupper street in Westmount ᐊᑐᕐᑕᐅᓂᖃᓲᒍᕗᖅ 76.75%-ᒍᑐᐃᓐᓇᓇᐊᓕᒪᒥᒃ. ᐅᑦᑐᕋᐅᑎᒋᑦᓯᒍ: ᐃᐳᐊᓇ 2016-ᒥ, ᐊᑐᕐᑕᐅᓂᖃᓚᐅᔪᑦᓯᓂ 80%-ᒥᒃ ᐋᓐᓂᐊᕗᓕᐊᕐᓯᒪᔪᓄᑦ 2,173-ᓄᑦ ᓯᓂᑦᑕᕗᐅᓯᒪᔪᖅ ᒪᓕᑦᑎᖏᓐᓄᓗ 1,433-ᓄᑦ ᓯᓂᑦᑕᕗᐅᓯᒪᑦᓯᓂ 155-ᓂᒃ ᐃᓪᓕᖃᕐᓯᓂ YMCA.

ᖃᐅᔨᒪᔭᐅᒋᐊᖃᕐᒥᔪᖅ ᐋᓐᓂᐊᕗᓕᐊᕐᓯᒪᔪᑦ ᐊᒥᓱᑦ ᓯᓂᑦᑕᓲᒍᒪᒪᑦ:

- ᓯᓂᑦᑕᕗᓐᓂ ᒪᓐᑐᓇᐊᒥ ᐋᓐᓂᐊᕗᓕᐊᕐᓯᒪᔪᑦ ᑯᐯᒃ ᑕᕐᕋᖓᓂᒥᐅᑦ ᓯᓂᑦᑕᕗᖓ ᑕᑕᑐᐊᕐᒪᑦ. ᐅᑦᑐᕋᐅᑎᒋᑦᓯᒍ, ᐃᐳᐊᓇ 2016-ᒥ, ᓯᓂᑦᑕᕗᓐᓂ ᐊᑦᑕᑐᕐᑕᐅᔪᓂ ᓪᕐᑦ ᓯᓂᑦᑕᓯᒪᔭᑦ;
- ᐃᓚᓐᓈᓇᔭᒥᓂ, ᐅᑦᑐᕋᐅᑎᒋᑦᓯᒍ, ᐃᐳᐊᓇ 2016-ᒥ, ᐋᓐᓂᐊᕗᓕᐊᕐᓯᒪᔪᑦ ᖅᑉᑦᒪ ᓯᓂᑦᑕᕗᐅᓯᒪᔪᑦ ᐃᓚᓐᓈᓇᔭᐅᔪᑦ ᔭ ᐃᓚᒋᔭᐅᔪᓪᓘᓃᑦ.

ᒪᓐᑐᓇᐊᒥ ᐋᓐᓂᐊᕗᓕᐊᕐᓯᒪᔪᓕᓇᕗᐅᑉ ᑯᐯᒃ ᑕᕐᕋᖓᓂᒥᐅᓂᒃ ᐱᓇᓱᑦᑎᖏᑦ ᐱᒍᑦᑯᐅᓲᑦ ᐋᓐᓂᐊᕗᓕᐊᕐᓯᒪᔪᓕᓂᒫᓂᒃ ᒪᓐᑐᓇᐊᒥ ᐋᓐᓂᐊᕗᓕᐊᕐᓯᒪᔪᓕᓇᕗᐅᑉ ᓯᓂᑦᑕᕗᖓᓂ, ᐊᓯᖏᓐᓂᓗ ᓯᓂᑦᑕᕗᓐᓂᑑᓂᒃ ᐃᓚᓐᓈᓇᔭᒥᓂᑦᑐᓂᓪᓗ ᔭ ᐃᓚᒋᔭᒥᓂᑦᑐᓂᓪᓘᓃᑦ.

ᐊᓇᕐᕋᖅᖅᑭᑐᓄᑦ ᑲᑎᒪᔨᑦ

ᐅᓄᕐᓯᒋᐊᕐᑕᐅᓯᒪᓂᖓ ᐱᒍᑦᔨᐅᑏᑦ ᐃᓄᓐᓂᒃ ᓄᓇᓕᑐᖅᑲᕐᓂᓗ ᐃᓪᓗᒐᓴᕐᔪᐊᓕᒻᒥᐅᓂᒃ

ᖃᓄᕐᑑᓇᐊᕈᑕᐅᓯᒪᔾᔪᖅ ᓄᓇᓕᒻᒥ ᐱᕐᑯᕐᑦ ᐊᑐᕐᑕᐅᒋᐊᖃᕐᓂᖅᑭᑦᑕ ᐃᓪᓗᒐᓴᕐᔪᐊᓕᒻᒥᓗ ᐱᓇᓱᒃᐃᓄᑦ ᒪᓐᓇᐊᒥ ᐊᓇᕐᕋᖅᖅᑭᓂᕐᒧᑦ ᐱᓐᓂᓗᑕᐅᔪᓂᒃ ᐃᑯᑦᓚᑎᑦᓯᒐᓯᐊᕈᒪᒧᑦ.

ᑲᑎᒪᔨᐅᖃᑕᐅᑦᓯᖓ ᑲᑎᒪᔨᐅᐃᑦ ᓇᓪᓕᐊᓄᑦ ᒪᓐᓇᐊᒥ ᐃᓪᓗᒐᓴᕐᔪᐊᓕᒻᒥᐅᑦ ᓄᓇᓕᑐᕐᕿᑦ ᐸᕐᓂᕈᑕᐅᓂᖏᓐᓄᑦ. ᑲᑎᒪᒋᐊᕐᑐᓗᑭᖃᑦᑕᓯᒪᔾᔪᖅ ᐊᕐᕌᒍᕐᒥ.

ᒪᓐᓇᐊᒥᐅᓂᒃ ᐳᓐᓯᒃᑯᓂᒃ ᐱᓇᓱᖃᑎᖃᓇᐊᖃᕐᓇᑐᖅ ᓱᓯᒋᐅᑎᑦᓯᐊᓗᓂ ᐅᒃᑯᐃᖕᒫᖃᑎᒦᑦᓯᐊᓗᓂᓗ ᐱᓇᓱᐊᕐᑕᐅᒋᐊᓕᓐᓂᒃ ᐸᕐᓂᓯᐊᕐᑐᖃᓚᖕᒪᔪᖃᕈᓂ. ᐳᓐᓱᑦ ᐱᒋᐅᕐᓴᑎᑕᐅᖃᑦᑕᓯᒪᓕᕐᑐᑦ ᖃᓄᖅ ᑲᒪᒍᓐᓇᒪᖕᒫᒥᒃ ᓄᓇᓕᑐᖃᕐᓂᒃ ᓄᓇᖃᕐᖀᓯᒪᔪᓂᓐᓗ ᐱᒍᑦᔭᐅᒋᐊᓕᓐᓂᒃ. ᑐᑭᓯᒪᖃᑎᒦᒍᑎᒥᒃ ᓄᐃᑦᓯᒍᑕᐅᓯᒪᔾᔪᖅ ᓄᓇᓕᒻᒥᐅᑦ ᐃᓚᐅᓂᕐᓴᐅᖃᑦᑕᓂᐊᓕᕐᑎᓗᒋᑦ ᐳᓐᓱᑦᓗ ᐃᓄᐃᑦ ᐃᓕᕐᖁᓯᖓᓂᒃ ᑲᖏᓯᑦᓯᐊᕈᓐᓇᓂᕐᒥᒃ ᐱᒋᐅᕐᓴᑎᑦᓯᖃᑦᑕᓂᐊᕐᑎᓗᒋᑦ.

2015-ᒥ ᐊᐅᔭᐅᑎᓐᓗᒍ ᖃᐅᔨᓴᕐᓂᖃᕐᓯᒪᔪᖅ ᐃᓪᓗᒐᓴᕐᔪᐊᓕᒻᒥᐅᑦ ᐊᓇᕐᕋᖅᖅᑭᑐᑦ ᑭᑎᑕᐅᓂᖃᕐᑎᓗᒋᑦ.

SANA ᐅᑦᑭᓗᓐᓃᑦ ᐃᒻᒪᖃᐅᑎᑦᓴᖃᖅᖅᑭᑐᑦ ᐋᓐᓂᐊᓯᐅ ᑕᐅᓂ ᒍᑦ ᐱᑭᓪᓕᕐᑯᑎᑦᓴᖅᑭᑦᑕ ᐱᓇᓱᑦᑕᐅᓂᖓ

ᐃᒻᒪᖃᐅᑎᑦᓴᖃᖅᖅᑭᑐᑦ ᐋᓐᓂᐊᓯᐅᕐᑕᐅᓂᕐᒧᑦ ᐱᑭᓪᓕᕐᑯᑎᑦᓴᖅᑭᑦᑕ ᐱᓇᓱᑦᑕᐅᓂᖓ ᕿᒥᕐᕈᔭᐅᓂᖃᖃᑦᑕᑐᖅ ᑐᕐᖃᑕᕐᐱᒍᑦ ᐊᒻᒪᓗ ᓄᓇᐃᒻᒥ ᐃᓗᓯᓕᓇᓂᕐᒧᑦ ᑲᑎᒪᔨᓄᑦ.

ᐊᑮᑦ ᑕᒪᑐᒪ ᐱᓇᓱᐊᕐᑕᐅᒍᑎᑦᓴᖅᑭᑦ ᐋᖅᑦᒥᓕᐊᓐ ᐅᖓᑖᓄᓱᑦ ᐊᕐᕋᒍᑕᒫᑦ.

ᑲᑎᒪᔨᑦ ᖁᐊᕐᓵᖓᓕᓚᐅᔫᒐᓗᐊᑦ ᑕᒪᑐᒪ ᐱᓇᓱᐊᕐᑕᐅᓂᖓ ᕿᒥᕐᕈᔭᐅᓛᕐᓂᖓᓂᒃ ᐊᓯᑦᔨᒋᐊᕐᑕᐅᓛᕐᓂᖓᓂᑦᓗ ᐊᐅᓚᑕᐅᑦᓯᐊᓂᕐᓴᐅᓂᐊᓕᕐᓗᓂ ᐃᑦᐱᒋᔭᐅᑦᓯᐊᓇᐊᕐᓂᐊᓗᓂᓗ ᐊᑭᖅᑭᑦ ᐱᓇᓱᑦᑕᐅᔪᑦ. ᑕᒪᓐᓇ ᐊᒥᓱᐃᑦᓯᓂ ᑲᑎᒪᒍᑕᐅᖃᑦᑕᓯᒪᒐᓗᐊᕐᓯᓂ, ᑕᒪᑕᒐᐅᓂᖓᓂ ᐅᒣᖅᑭᑦ ᐱᓇᓱᑦᑕᐅᓂᖓ.

ᐅᑦᐱᓇᔭᖃᑦᓯᐊᑐᒍᑦ ᐱᒍᑦᔨᓯᐊᓇᐊᖃᕐᓂᑎᓐᓂᒃ ᓄᓇᐃᒻᒥᐅᑦ ᐱᒍᑦᔭᐅᒍᑎᒥᒥᐊᓕᖅᑭᓐᓂᒃ ᖁᑦᕿᒍᑦᑕᐅᖅ ᑮᓇᐅᔭᓂᒃ ᐊᐅᓚᑦᓯᓯᐊᓇᐊᖃᕐᒥᓯᑕ ᖃᓄᕐᑑᕈᑎᒋᑦᓯᐊᓗᒋᓐᓗ ᑕᒪᓐᓇ ᐊᐅᓚᑕᐅᓂᖃᑦᓯᐊᓇᐊᖃᕐᒪᑦ.

ᐱᒍᑦᔨᐅᑏᑦ ᐃᒻᒪᖃᐅᑎᑦᓴᖅᑭᑦ ᐋᓐᓂᐊᓯᐅᕐᑕᐅᓂᕐᒧᑦ ᐱᑭᓪᓕᕐᑯᑎᑦᓴᖅᑭᑦᑕ ᐱᓇᓱᑦᑕᐅᓂᖓᑎᒍᕐᑐᑦ:

- ᐃᕐᖃᕐᑦ
- ᑭᒍᑎᓐᓂᐊᓂᖅ
- ᑭᒍᑎᓐᓂᐊᑕᐅᒍᑎᑦᓴᑦ
- ᑭᒍᑎᖅᖅᒍᐊᓕᓇᓂᖅ, ᑭᒍᑎᓂᒃ ᓴᖅᒍᑎᓇᓂᖅ ᐃᓂᖓᓄᑦ
- ᐱᒍᑦᔨᐅᑏᑦ ᓂᐅᐃᐊᓇᔭᐅᓱᑦ
- ᐃᔨᓕᓇᔭᐅᓂᕐᓄᑦ
- ᐃᔨᓐᓂᐊᑕᐅᓂᕐᓄᑦ
- ᐃᔭᐅᑎᑖᕐᓂᓄᑦ
- ᑭᒍᑎᓂᒃ ᓴᖅᒍᑎᓇᒍᑏᑦ ᑎᒥᐅᓐᓗ ᐃᓚᑦᓴᖅᑭᑦ
- ᑐᓴᒍᑎᓄᑦ
- ᐊᑦᑕᑐᕐᓂᓄᑦ ᐱᐅᖅᑯᑏᑦ ᐃᓚᖅᑭᓐᓂᒃ
- ᐋᓐᓂᐊᓯᐅᕐᑕᐅᒍᑎᑦᓴᑦ
- ᐊᑐᕐᑏᑦ ᐃᖅᑭᕐᕋᐅᑎᖃᕐᓂᖅᑭᓐᓄᑦ, ᒥᐊᖃᓕᕐᐸᑦ, ᐊᒻᒪᓗ ᒪᓕᑦᑎᖅᑭᑦ

- ᐃᓅᒍᓐᓂᑐᑦ ᓄᓇᒥᓄᑦ ᐅᑎᕐᑎᑕᐅᓂᖏᑦ
- ᓯᓂᑦᑕᐃᖃᕐᓂᖏᓐᓄᑦ ᐊᑐᕐᑏᑦ ᐊᒻᒪᓗ ᒪᓕᑦᑎᖏᑦᑕ ᓄᓇᓕᓐᓂ ᓯᓂᑦᑕᐃᖏᓐᓂ ᐋᓐᓂᐊᐱᓕᐊᕐᓯᒪᔪᑦ
- ᓯᓂᑦᑕᐃᖃᕐᓂᖏᓐᓄᑦ ᐊᑐᕐᑏᑦ ᐊᒻᒪᓗ ᒪᓕᑦᑎᖏᑦᑕ ᒪᓐᑐᓇᐊᒦᑦᑐᑦ

RCORS (ᓄᓇᓕᓕᒫᓂ ᑲᑎᒪᔨᑦ ᓄᓇᕗᑦ ᓯᓚᑖᓂ ᐱᒍᑦᔨᐅᑎᓄᑦ)

ᐊᓐᓚᕕᒻᒥ ᑲᑎᒪᔨᑦ ᐅᔭᐅᒍᓯᖕᒐᑕ ᐊᓯᑦᔨᑕᐅᓯᒪᓂᖕᒐ

ᐅᔭᐅᖃᑦᑕᓯᒪᔪᑦ ᓄᓇᓕᓕᒫᓂ ᑲᑎᒪᔨᑦ ᐋᓐᓂᐊᐱᓕᐊᕐᓯᒪᔪᓕᓇᓂᐅᑦ ᐊᐅᓚᑕᐅᒍᓯᖕᒐᓄᑦ ᐅᓐᑦᑖᓐᓃᑦ RCMPS. ᐅᔭᐅᓂᖃᖃᑦᑕᓚᖕᒐᓕᕐᑐᑦ RCORS.

ᑲᑎᒪᔨᑦ ᑲᑎᒪᔨᓕᐊᒍᓯᒪᔪᑦ ᑖᒃᑯᓇᖕᒐᑦᓴᓇᖅ ᑭᓯᐊᓂ ᑲᒪᔨᒻᒪᓇᐅᑦ ᐃᑲᔪᕐᑎᖕᒐ ᑲᑎᒪᔨᑐᐃᓐᓇᓂᑦ ᐲᑦᑕᐅᓯᒪᓚᖕᒐᑎᓐᓗᒍ. ᑲᑎᒪᔨᐅᖃᑕᐅᑎᓐᓗᒥᑦ ᑲᒪᔨᒻᒪᓇᖕᒥᑦ ᐃᓅᓕᑦᓯᐱᐅᑦ ᐋᓐᓂᐊᐱᐅᑦ ᐊᒻᒪᓗ ᑐᓚᑦᑕᐃᒃ ᐋᓐᓂᐊᐱᐅᑦ, ᑐᑭᒧᐊᖅᑎᓯᔨ ᐊᐅᓚᑦᓯᓂᕐᓄᑦ ᐱᒍᑦᔨᓂᕐᓂ, ᑐᑭᒧᐊᖅᑎᓯᔨ ᐸᕐᓂᓂᕐᓄᑦ ᐱᔭᑦᓴᓕᓇᓂᕐᓄᓗ, ᑐᑭᒧᐊᖅᑎᓯᔨ ᓄᓇᕗᑦ ᓯᓚᑖᓂ ᐱᒍᑦᔨᐅᑎᓄᑦ, ᑐᑭᒧᐊᖅᑎᓯᔨ ᒪᓐᑐᓇᐊᒥ ᐋᓐᓂᐊᐱᓕᐊᕐᓯᒪᔪᓕᓇᓂᕐᒥᒃ ᐊᒻᒪᓗ ᑲᒪᔨᒻᒪᓇᖕᒐ ᓄᓇᕗᒻᒥ ᐃᓗᓯᓕᓇᓂᕐᒧᑦ ᑲᑎᒪᔨᑦ.

ᓄᓇᓕᓕᒫᓂ ᑲᑎᒪᔨᑦ ᓄᓇᕗᑦ ᓯᓚᑖᓂ ᐱᒍᑦᔨᐅᑎᓄᑦ ᐃᑲᔪᕐᓯᒪᖃᑦᑕᓚᖕᒐᔪᑦ ᐋᓐᓂᐊᐲᓐᓂᒃ ᐃᑦᐱᒋᔭᖃᕐᓗᑎᒃ ᐳᕐᑐᓯᔪᑦᓕᐊᓂᖕᒐᓂᒃ ᑲᒪᒋᔭᐅᓃᑦ ᐱᒍᑦᔨᐅᑏᑦᓗ ᐊᑕᐅᓯᐅᓚᕿᖕᒐᒋᐊᖃᕐᓂᖏᓐᓂᓗ. ᓄᓇᓕᓕᒫᓂ ᐱᓇᓱᑦᑕᐅᓂᖏᓐᓂᒃ ᐱᒍᑦᔨᐅᑏᑦ ᑲᒪᒍᓲᑦᓗ ᐃᓂᑦᓚᖕᒐᐅᓯᖏᓐᓂᓗ ᐋᕐᕿᓯᐃᖃᑦᑕᓗᑎᒃ. ᐃᓗᓐᓇᑎᒃ ᑲᒪᒋᒋᐊᓕᒥᓂᒃ ᑲᒪᑦᓯᐊᕐᖑᑦᓯᒋᑦ ᐃᓄᕐᖑᑎᒥᓂᒃ. ■

ᐊᐅᓚᑦᓯᓂᕐᓄᑦ ᐱᒍᑦᓱᕕᒃ

ᐊᐅᓚᑦᓯᓂᕐᓄᑦ ᐱᒍᑦᓱᕕᒃ ᐊᑦᓱᒋᖅᑐᓂᒃ ᐃᑲᔪᕐᓯᒪᓲᒍᐳᖅ ᓄᓇᕕᒻᒥ ᐃᓗᓯᓕᓇᓂᕐᒍᑦ ᑲᑎᒪᔨᑦ ᐊᓪᓚᕕᓕᒫᖏᓐᓂᒃ.

ᐊᐅᓚᑦᓯᓂᑎᒍᑦ ᐱᒍᑦᓱᐅᑎᒋᓲᑦᑕ ᐃᓚᖏᑦ ᑕᒪ: ᑮᓇᐅᔭᓂᒃ ᑐᕌᒐᓕᐅᕐᓂᖅ ᑮᓇᐅᔭᓕᓇᒍᑦᓱᓂᕐᓗ, ᐱᓇᓱᑦᑎᓂᒃ ᐊᐅᓚᑦᓯᓂᖅ, ᓯᓚᑎᑦᑎᓂᒃ ᐱᒍᔭᐅᓃᑦ ᐱᓇᓱᒋᕕᐅᔪᐃᓪᓗ ᐊᐅᓚᑕᐅᓂᖓᓂᒃ. ᐊᓪᓚᕕᑦᑎᓂ ᐃᑲᔪᕐᓯᒪᕙᒻᒥᔪᒍᑦ ᐊᕐᕌᒍᑕᒫᑦ ᐱᕙᓪᓕᐊᔭᐅᔪᓂᒃ ᐊᒻᒪᓗ ᑭᖑᓂᖓᒍᑦ ᖃᓄᐃᓕᖓᓕᕐᒪᖔᑦ ᖃᐅᔨᒋᐊᕐᓂᒥᒃ ᐊᕐᕌᒍᓄᑦ ᐊᒥᓱᓄᑦ ᐸᕐᓂᕈᑎᒥᒃ ᓄᓇᕕᒻᒥ. ᐊᕐᕌᒍᓄᑦ ᐊᒥᓱᓄᑦ ᐸᕐᓂᕈᑎᒍᑦ ᐱᑐᑦᓯᒪᑎᓐᓂᒍ, ᐊᓪᓚᕕᑦᑎᓂ ᐊᐅᓚᑦᓯᕙᑦᑐᒍᑦ ᐱᕙᓪᓕᐊᔭᐅᓂᖓᓂᒃ ᐊᒻᒪᓗ ᑭᖑᓂᖓᒍᑦ ᖃᓄᐃᓕᖓᓕᕐᒪᖔᑦ ᖃᐅᔨᒋᐊᕐᑕᐅᓂᓇᒋᐊᓕᖓᓂᒃ ᐃᓪᓗᓕᐊᓇᔭᐅᔪᐃᑦ ᐊᑯᓂᖅᖏᑐᒥᒃ ᐊᑯᓐᓂᕐᑐᒥᓪᓗ ᐱᕙᓪᓕᖑᑎᐅᓂᐊᕐᑎᓗᒋᑦ ᐃᓗᓯᓕᓇᓂᕐᒥᒃ ᐃᓄᓕᓇᓂᕐᒥᓗ ᐱᓇᓱᕙᓪᓕᒫᓄᑦ.

ᐊᐅᓚᑦᓯᓂᕐᓄᑦ ᐱᒍᑦᓱᕕᒃ ᐃᑦᐱᒋᔭᖃᓲᒍᒻᒥᔪᖅ ᐃᑲᔪᕐᓯᒪᔭᐅᑦᓯᐊᒪᖔᓐᓂᒃ ᐊᑦᓱᒋᖅᑐᓂᒃ ᐱᓇᓱᐊᕐᑎᓗᒋᒃ ᐋᓐᓂᐊᕕᒃ ᑕᒪᕐᒥᒃ ᓄᓇᕕᒻᒥ, ᑮᓇᐅᔭᑦ ᑐᕌᒐᓕᐅᕐᑕᐅᒋᐊᖃᕐᓂᖅᒋᓐᓄᑦ ᐊᓯᖅᒋᑎᒍᓪᓗ ᑮᓇᐅᔭᓕᓇᓂᕐᒍᑦ ᐱᒍᑦᓱᐅᑎᓂᒃ. ᐊᖑᒪᔭᐅᒋᐊᖃᕐᓂᖅᒋᓐᓄᓗ ᐃᓪᓗᔪᐊᑦ ᓄᑕᐅᓯᓕᕐᑐᑕᐅᖃᑦᑕᓂᒃᑯᑦ ᐊᓯᑦᓱᑐᕐᑕᐅᖃᑦᑕᓂᒃᑯᓗ.

ᐊᐅᓚᑦᓯᓂᕐᓄᑦ ᐱᒍᑦᓱᕕᒻᒥ ᐱᓇᓱᑦᑏᑦ ᐱᓇᓱᐊᕐᐸᐳᑦ ᐱᓇᓱᖃᑎᒌᑦᓯᒪᓯᐊᕐᓂᒥᒃ ᐃᑲᔪᕐᓯᒍᑎᑦᓴᑦ ᓈᒻᒪᓈᑦᓯᐊᕐᑯᓗᒋᑦ ᓱᕐᔪᓂᖃᑦᓯᐊᕐᑯᓗᒋᓪᓗ.

ᑮᓇᐅᔭᕐᓂᒃ ᐱᕕᐅᖃᑦᑕᓚᐅᕐᑐᑦ

ᓄᓇᓕᓚᒫᓂ ᑐᕌᕐᑦ (ᑯᐯᒻᒥ ᑐᕐᕐᖃᑦᕐᕕᒃ)

2015-2016-ᒎᓕᖓᔪᓄᑦ ᓄᓇᓕᓚᒫᓈᓕᖓᔪᑦ ᑮᓇᐅᔭᑦ ᑯᐯᒻᒥ ᑐᕐᕐᖃᑦᕐᕕᑯᓐᓂᑦ ᐱᔪᕕᓃᑦ ᑲᑎᑦᓯᑎᒃ $171 ᒥᓕᐊᓐ-ᖑᒍᓚᐅᔪᐳᑦ ᑮᓇᐅᔭᖃᕐᑎᓯᒍᑎᐅᑦᓯᑎᒃ ᓄᓇᕕᒃ ᓄᓇᓕᓚᒫᓂ ᐃᓗᓯᓕᓇᓂᕐᒥ ᐃᓄᓕᓇᓂᕐᒥᓗ ᐱᒍᑦᓱᐅᓂᕐᓄᑦ ᐱᑐᑦᓯᒪᓕᓈᑦᓯᑎᒃ ᐱᓇᓱᐊᕐᑕᕐᒥᓐᓂᒃ ᑕᑯᑦᓴᐅᑎᑕᐅᔪᑦ ᐊᒻᓚᓯᒪᔪᓂ ᐊᓪᓚᓃᑦᑐᓂ ᒫᓂ. ᐊᕐᕌᒍᕐᒥ ᑕᑯᑦᓂ, ᓄᓇᓕᓚᒫᓈᓕᖓᔪᐃᑦ ᑮᓇᐅᔭᑦ ᓄᓇᕕᒻᒥ ᐃᓗᓯᓕᓇᓂᕐᒃᑯᓄᑦ ᐊᒃᒍᑕᐅᓚᐅᔪᐳᑦ ᐊᑦᓱᒋᖅᑐᓄᑦ ᐱᓇᓱᐊᕐᕕᓄᑦ ᐋᑕᐅᑦᓯᑎᒃ. ᐊᐅᓚᒍᑎᑦᓴᒥᓈᕐᑐᓂᒃ, ᑕᒪᕐᒥᒃ ᐋᓐᓂᐊᕕᒃ ᑮᓇᐅᔭᕐᑖᓚᐅᔪᕐᒃ $130 ᒥᓕᐊᓐᓂᒃ. ᓄᓇᕕᒻᒥ ᐃᓗᓯᓕᓇᓂᕐᒃᑯᑦ ᐊᑭᓖᒍᑎᖃᓚᐅᔪᐳᑦ ᓈᑦᓯᓯᑎᑦᓗ $7.6 ᒥᓕᐊᓐᓂᒃ ᐅᒃᑯᓄᖓ ᐱᒍᓐᓇᕕᖃᕐᑎᑕᐅᔪᓄᑦ ᓄᓇᓕᓐᓂ ᑎᒥᐅᔪᓄᑦ. ᑖᒃᑯᓇᖅᒪᑦ ᑮᓇᐅᔭᕐᑯᑎᓂᑦ, ᓄᓇᕕᒻᒥ ᐃᓗᓯᓕᓇᓂᕐᒃᑯᑦ ᑮᓇᐅᔭᕐᑖᓚᐅᔪᒻᒥᔪᑦ ᑲᒪᒋᔭᖃᕐᓯᑎᓗ ᑐᕌᒐᖃᕐᑎᑕᐅᑮᕐᑐᓂᒃ ᑮᓇᐅᔭᓂᒃ, ᐅᒃᑯᓂᖓᓗᐊᖅᒍᐊᖅ ᐃᒻᒪᖃᐅᑎᖃᖅᒋᑐᓂᒃ ᐃᓗᓯᓕᓇᓂᕐᒥ ᐱᕙᓪᓕᕐᑯᑎᓂᒃ.

ᐊᒃᒍᑕᐅᔪᑦ	2013-2014	2014-2015
ᑎᒥᐅᔪᐃᑦ		
ᐃᓈᓕᑦᓯᐊᒃ ᐋᓐᓂᐊᕕᒃ	70ᒥᓕᐊᓐ	73ᒥᓕᐊᓐ
ᐅᖓᕙᑦ ᑐᓚᑦᑕᐊᒃ ᐋᓐᓂᐊᕕᒃ	58ᒥᓕᐊᓐ	57ᒥᓕᐊᓐ
ᓄᓇᕕᒻᒥ ᐃᓗᓯᓕᓇᕕᒃ ᐊᑐᕐᕕᓴᒥᓄᑦ ᐊᑐᓇᐊᓖᑦ ᑮᓇᐅᔭᑦ		
ᐃᒻᒪᖃᐅᑎᖃᖅᒋᑐᐃᑦ ᐃᓗᓯᓕᓇᓂᕐᒥ ᐱᕙᓪᓕᕐᑯᑏᑦ	21ᒥᓕᐊᓐ	21ᒥᓕᐊᓐ
ᐊᓯᖅᒋᑦ	7.9ᒥᓕᐊᓐ	8ᒥᓕᐊᓐ
ᓄᓇᓕᒻᒥ ᐃᓈᓯᑦᑐᐃᑦ ᓯᖃᑦᓯᕕᖅᒋᑦ ᐃᒡᓗᐃᑦ		
ᐃᓈᓯᑦᑐᐃᑦ ᓯᖃᑦᓯᕕᖅᒋᑦ	3.9ᒥᓕᐊᓐ	4ᒥᓕᐊᓐ
ᐊᓯᖅᒋᑦ (ᓄᓇᓕᒻᒥ ᑎᒥᐅᔪᐃᑦ ᓇᓗᓐᑦᑕᐅᓂᖅᒋᑦ)	3.7ᒥᓕᐊᓐ	4.1ᒥᓕᐊᓐ

ᐊᒃᒍᑕᐅᔪᑦ	2013-2014	2014-2015
ᖁᒥᐅᑏᑦ – ᐃᓕᒃᑰᓯᑎᒃ ᐱᓇᓱᐊᕐᑕᐅᔪᑦᓴᑦ ᐱᒥᐊᕐᑕᐅᕋᑕᖏᑐᑦ	2.5ᒥᓕᐊᒃ	2.5ᒥᓕᐊᒃ
ᑲᑎᕐᓱᑎᒃ ᐊᒃᒍᑕᐅᔪᑦ	**167 ᒥᓕᐊᒃ**	**171 ᒥᓕᐊᒃ**

ᐊᐅᓚᒍᑎᓄᑦ ᑮᓇᐅᔭᑦ ᑐᕋᒐᖏᑦ ᐊᒻᒪᓗ ᑮᓇᐅᔭᓕᓂᕐᒥᒍᑦ ᐋᓐᓂᐊᕕᑦ ᓄᐃᑕᖏᑦ

ᓄᓇᕕᒻᒥ ᐃᓗᓯᓕᓇᕈᒃᑯᖏᑦ, ᐊᑐᕐᓱᑎᒃ ᑲᒪᕈᒋᔭᐅᒋᐊᖃᕐᓂᒥᓂᒃ ᐋᓐᓂᐊᕕᓐᓄᑦ, ᖃᓄᕐᑑᕈᑎᒻᒪᓇᐅᓕᕐᑐᓂᒃ ᐊᑑᑎᓚᐅᔪᕗᑦ ᑕᕝᕙᓂ ᐊᕐᕋᒍᕐᒥ, ᐃᓚᐅᑎᓐᓗᒋᑦ ᐊᒥᓱᕕᑦᓱᑎᒃ ᑲᑎᒪᓂᓇᓚᐅᔪᔭᖏᑦ, ᑲᒪᒋᔭᐅᑦᓱᐊᑎᑦᓱᓂᕐᒍᑦ ᑮᓇᐅᔭᓕᓇᓂᖏᓐᓂ ᐱᓇᓱᐊᕐᑕᐅᒥᐊᓕᓐᓂᒃ.

ᐅᖓᑉ ᑐᓚᑦᑕᕕᒃ ᐋᓐᓂᐊᕕᒃ ᐃᓱᓕᑦᑎᓗᒍ ᑖᓐᓇ ᑮᓇᐅᔭᓕᓇᓂᐅᑦ ᐊᕐᕋᒍᖓ ᐊᑑᑎᔪᖅ ᐊᒥᐊᒃᑯᓯᒪᓛᕈᓇᐅᔪᖅ ᐊᐅᓚᓂᕐᒎᓕᖓᔪᓂᒃ ᑮᓇᐅᔭᓂᒃ $2,232,984 ᒥᓕᐊᒃ ᒥᑦᓴᓃᑦᓂᒃ. ᑲᑎᓕᒫᕐᓱᑎᒃ ᐃᓄᕐᓴᕈᑎᖏᑦ ᑎᑭᐅᑎᓱᒪᓕᕐᑐᑦ $6,633,880 ᒥᓕᐊᒃᑲᓴᖓᓕᕐᑐᓄᑦ. ᑮᓇᐅᔭᑦ ᐊᒥᐊᒃᑯᐃᑦ ᐊᑐᕐᑕᐅᓛᕐᑐᐃᑦ ᐊᑭᓛᒍᑎᐅᓗᑎᒃ ᐃᓚᖓᓂᒃ ᐃᓄᕐᓴᕈᑎᐃᓂᕐᓂᒃ ᑲᑎᕐᓱᑐᓂᒃ. ᐃᑲᔪᕐᓱᒍᑏᑦ ᑖᑦᓱᒥᖓ ᐋᓐᓂᐊᕕᒻᒥᒃ ᑲᔪᓱᕗᑦ ᑲᔪᓱᐅᑦᔨᒍᓐᓇᕈᒪᒍᑦ ᑐᕋᒐᖏᓐᓂᒃ ᐊᒥᓱᓄᑦ-ᐊᕐᕋᒍᕐᓄᑦ ᑮᓇᐅᔭᓂᒃ ᐃᓄᕐᓴᓱᒪᓂᕐᒋᒍᓐᓂᑎᑦᓱᒍᑎᑦᓴᓄᑦ ᐸᕐᓇᑕᐅᓱᒪᔪᓂᒃ ᓱᕐᕋᑕᐅᑎᑦᓱᒌᓕᖏᓐᓇᓗᓂ ᐱᒍᑦᔨᐅᑎᓂᒃ ᐊᑐᐃᓐᓇᐅᑎᑕᐅᓲᓂᒃ ᐃᓄᓐᓄᑦ.

ᐊᕐᕋᒍᕐᒥ ᑕᒻᒐᓂ, ᐃᓅᓕᑦᓱᕕᒃ ᐋᓐᓂᐊᕕᒃ ᐃᓱᓖᒍᑎᖃᓛᕈᓇᐅᔪᖅ ᐊᕐᕋᒍᕐᒥᒃ ᐊᒥᐊᒃᑯᓯᒪᒐᓕᓐᓗᑎᒃ ᑮᓇᐅᔭᓂᒃ 1,569,204-ᓂᒃ ᑕᑯᑦᓴᐅᑎᑕᐅᔪᑦ ᐊᓐᓕᓃᑦᑐᒥ ᓄᐃᑕᑎᑦᓱᒍᑎᒥ.

ᓇᐅᓕᒫᓄᐊᖓᔪᑦ ᑎᒥᐅᔪᑦ	2014-2015		2015-2016	
	ᐊᖏᕐᑕᐅᓱᒪᔪᑦ ᑐᕋᕐᑦ	ᐊᒥᐊᒃᑯᑦ (ᐃᓄᕐᓴᑐᑦ)	ᐊᖏᕐᑕᐅᓱᒪᔪᑦ ᑐᕋᕐᑦ	ᒥᑦᓴᐅᕈᕐᒐᑦ ᐊᒥᐊᒃᑯᑦ (ᐃᓄᕐᓴᑐᑦ)
ᐃᓅᓕᑦᓱᕕᒃ ᐋᓐᓂᐊᕕᒃ	70ᒥᓕᐊᒃ	498,024	75ᒥᓕᐊᒃ	1,569,204
ᑐᓚᑦᑕᕕᒃ ᐋᓐᓂᐊᕕᒃ	46ᒥᓕᐊᒃ	5 4ᒥᓕᐊᒃ	58ᒥᓕᐊᒃ	2,232,984
ᑲᑎᕐᓱᑎᒃ	**128ᒥᓕᐊᒃ**	**630,609**	**130ᒥᓕᐊᒃ**	**3,802,188**

ᓄᓇᓕᒻᒥ ᑎᒥᐅᔪᑦ ᑮᓇᐅᔭᖃᕐᑎᑕᐅᒍᑎᖏᑦ

ᓄᓇᓕᒻᒥ ᑎᒥᐅᔪᑦ	2013-2014	2014-2015
ᐃᓄᑐᕐᖏᑦ ᐊᓂᕐᕋᖓᑦ		
ᕿᓚᖕᒍᐊᓈᖅ	250 000	280 000
ᓴᓕᕕᒃ	219 999	280 000
ᑐᓴᔭᐊᐱᒃ	129 173	0
ᐃᓄᐃᑦ ᐊᕐᓐᑦ ᑲᑐᑦᔨᖃᑎᒌᓐᓂᖓ ᓄᓇᕕᒻᒥ		
ᓴᑐᕐᕕᑦ	150 000	151 200
ᐊᖑᑏᑦ ᑲᑐᑦᔨᖃᑎᒌᓐᓂᖓ		
ᖃᔭᕐᒥᒃ ᐱᓇᓱᖃᑎᒌᒍᑕᐅᔪᖅ	200 000	200 000
ᐊᖑᑏᑦ ᑲᑐᑦᔨᖃᑎᒌᓐᓂᖓ		
ᐅᓈᖅ	200 000	200 000
ᐃᑲᔪᕐᓱᒪᔭᐅᔪᑦ ᐊᓂᕐᕋᖏᑦ		
ᓄᓇᓕᓐᓂ ᐊᓂᕐᔪᑦ	280 000	300 000

ᓄᓇᓕᒻᒥ ᑎᒥᐅᔪᑦ	2013-2014	2014-2015
ᐃᓅᓯᕐᒥ ᐃᑲᔪᕐᑕᐅᒍᑎᑦᓴᖅᑲᕐᑎᓯᓂᖅ		
ᓄᓇᓕᒻᒥ ᐊᓂᕐᔪᑦ – ᐅᑦᑎᓄᑦ	280 000	290 000
ᐃᑲᔪᕐᑕᐅᐃᒃ		
ᐃᓱᐊᕐᓱᐃᒃ	572 000	600 000
ᐊᕐᓂᑦ ᓱᓗᓐᓇᕐᑭᑦᑐᓕᐃᖕᒥᑦ		
ᐊᔭᐱᕐᐃᒃ	254 100	256 133
ᐃᓂᑦᓱᐊᒃ	527 197	531 414
ᑐᖅᓱᓐᐃᒃ	665 000	665 000
ᐃᓚᒋᓄᑦ ᐃᑲᔪᕐᑕᐅᐃᑦ		
ᐊᔭᒍᑕᖅ	0	20 000
ᖃᕐᒫᐱᒃ	0	250 000
ᐃᓅᓯᑦᑐᐃᑦ ᑲᑐᑦᔨᖃᑎᒌᓐᓂᖕᒐᓂᒃ	0	100 000
ᑲᑎᑦᓱᑎᒃ	3 727 469	4 123 747

2015-2016 ᐊᐅᓚᑦᓱᒍᑎᓄᑦ ᑮᓇᐅᔪᑦ ᑐᕌᒐᖕᒥᑦ

ᒪᓕᑦᓱᑎᒃ ᐱᖁᔭᕐᒥᒃ ᐱᖁᔭᖅ ᐱᑦᔪᑎᓕᒃ ᐃᓗᓯᓕᓇᓂᕐᒥ ᐃᓄᓕᓇᓂᕐᒥᓗ ᐱᒍᑦᔨᓂᕐᓂᒃ (Chapter S-4.2) ᐊᒻᒪᓗ ᑯᐯᒻᒥ ᐃᓗᓯᓕᓇᓂᕐᒥ ᐃᓄᓕᓇᓂᕐᒥᓗ ᑐᕐᖃᑕᕐᐱᑯᑦ ᑐᔭᐅᒪᑎᑦᓱᒍᑎᒥᓯᒪᔭ ᖅᒥᓐᓂᓗ, 2015-2016-ᒨᓕᖅᒪᔪᑦ ᐊᐅᓚᑦᓱᓂᕐᒍᑦ-ᑮᓇᐅᔪᑦ ᑐᕌᕐᑐᐃᑦ ᒥᑦᔭᐅᕐᕌᕐᑕᐅᒍᑎᖅᒥᑦ ᐱᓇᓱᐊᕐᑕᐅᓚᐅᔪᕗᑦ ᐊᖅᒥᕐᑕᐅᓱᑎᓗ ᑲᑎᖅᒪᔨᖅᒥᓐᓄᑦ ᓄᓇᕕᒻᒥ ᐃᓗᓯᓕᓇᔨᒃᑯᑦ. ᑎᑭᐅᑎᔭ ᖃᓚᕿᒍᑎᒥᑦᓱᒥᑦ ᐸᕐᓇᓕᓱᐊᓱᒪᒍᑏᑦ ᑮᓇᐅᔪᑦ ᑐᕌᒐᖕᒥᓐᓂᒃ ᐊᒻᒪᓗ ᐱᓇᓱᐊᕐᑕᐅᒍᓱᒥᒥᐊᓕᖕᒥᓐᓂᒃ, ᓄᓇᕕᒻᒥ ᐃᓗᓯᓕᓇᔨᒃᑯᑦ ᑮᓇᐅᔭᓕᓇᒍᑎᓄᑦ ᐊᕐᕌᒍᖕᒐ ᐃᓱᓕᑦᑎᓗᒍ ᑎᑭᐅᑎᓚᐅᕐᑐᑦ ᐊᒥᐊᒃᑯᒐᓕᑦᓱᑎᒃ ᐊᒥᓲᖅᒥᑐᓂᒃ.

ᐃᓚᒋᔭᐅᑎᓐᓗᒍ ᑲᒪᒋᔭᕆᐊᓕᖕᒥᓐᓄᑦ, ᐊᐅᓚᑦᓱᓂᓕᓇᓂᕐᒥᒃ ᐱᒍᑦᔨᒻᒥ ᐱᓇᓱᐊᕐᑐᑦ ᑮᓇᐅᔭ ᓕᓇᒍᑦᔨᖃᑦᑕᓚᐅᕐᑐᖅ ᐃᑲᔪᕐᓱᓱᑎᓐᓗ ᐊᓱᓕᒫᖕᒥᓐᓂᒃ ᐱᓇᓱᐊᕐᐱᓂᒃ ᐃᓚᒋᔭᐅᒻᒥᑎᓐᓗᒋᑦ ᑲᑎᖅᒪᔨᑦ ᑮᓇᐅᔭᓕᓇᒍᑎᐱᓃᑦ ᑕᒻᒪᓱᒪᔪᕐᓂᐊᑕᐅᓂᖕᒥᓐᓂᒃ ᕿᒥᕐᕈᔨᑦ.

ᑮᓇᐅᔪᑦ ᐊᑐᕐᐃᒋᒥᐊᓕᖕᒥᓐᓄᑦ ᐊᑐᕐᑕᐅᒋᐊᓖᑦ

ᐊᐅᓚᑦᓱᒍᑎᑦᓴᓄᑦ ᑐᕌᒐᓖᑦ ᑮᓇᐅᔪᑦ ᐊᓱᐊᒍᒻᒥᔪᖅ, ᓄᓇᕕᒻᒥ ᐃᓗᓯᓕᓇᔨᒃᑯᑦ ᑮᓇᐅᔭᕐᑖᓚᐅᔪᒋᐅᔪᑦ ᑲᒪᒋᑦᓱᒋᓐᓗ ᐊᑐᕐᐃᒋᒥᐊᓕᒻᒥᓄᑦ ᐊᑐᕐᑕᐅᒋᐊᓕᓐᓂᒃ ᐱᓇᓱᐊᕐᑕᐅᓗᑯᒋᐊᓕᓐᓄᑦ. ᑖᒃᑯᐊ ᐊᑐᕐᐃᒋᒥᐊᓕᖕᒥᓐᓄᑦ ᐊᑐᕐᑕᐅᒋᐊᓖᑦ ᑮᓇᐅᔪᑦ ᒪᕿᐃᓂᑦ ᑮᓇᐅᔭᖃᕐᑎᓱᔪᓂᑦ ᐱᔭᐅᓚᐅᔪᕗᑦ. ᓱᕗᓐᓖᑦ ᑐᓄᓐᓇᑎᓐᓗᒋᑦ ᑯᐯᒻᒥ ᐃᓗᓯᓕᓇᓂᕐᒥ ᐃᓄᓕᓇᓂᕐᒥᓗ ᑐᕐᖃᑕᕐᐱᑯᓐᓂᑦ ᐱᔪᐱᓐᑦ ᐁᑉᐸᖅᒥᓐᓗ ᓄᓇᓕᓕᒫᓐᖅᒪᔪᓂᑦ ᑮᓇᐅᔭᖅᑯᑎᓂᑦ ᐱᑎᓐᓗᒋᑦ.

ᐱᕐᑯᑎᒻᒪᓇᓐᓄᑦ ᑮᓇᐅᔪᑦ

2014-2015ᒥ ᐱᑕᖅᓇᑎᑦᓱᒍᑎᑦᓴᓄᑦ ᐊᑑᑎᔭᐅᒍᓱᑦᓴᖅᒥᓐᓄᓗ ᐊᕐᕌᒍᓄᑦ-ᐱᖅᒪᓱᓄᑦ ᐸᕐᓇᒍᑏᑦ ᐱᔭᕇᕐᑕᐅᓚᐅᔪᕗᑦ. ᐃᑲᔪᕐᑎᒥᓐᓚᓇᑦᓱᒥᑦ ᐋᓐᓂᐊᕕᒃ, ᐃᑲᔪᕐᓱᔭᐅᒥᐊᓐᓚᑕᐅᓚᐅᕐᑐᑦ ᑮᓇᐅᔭ ᖃᕐᑎᑕᐅᒥᐊᓐᓚᓱᑎᓐᓗ ᓄᓇᕕᒻᒍ ᐃᓗᓯᓕᓇᔨᒃᑯᓄᑦ ᐱᔭᕇᕐᑕᐅᒪᓱᐊᕐᑎᓗᒥᑦ ᐊᒥᓲᓂᕐᓴᑦ ᐱᓇᓱᐊᕐᑕᐅᔪᑦ ᓄᓇᕕᒻᒥ. ᓄᓇᕕᒻᒥ ᐃᓗᓯᓕᓇᔨᒃᑯᑦ ᓈᑦᓱᓚᐅᔪᕗᑦ $5.8 ᒥᓕᐊᓐᓂᒃ ᐊᑐᕐᑕᐅᔪᑦᓴᐅᑎᓐᓗᒋᑦ ᐱᔭᕇᕐᑕᖃᒋᑎᐅᓗᑎᒃ ᐊᑦᔨᒌᖅᒥᑐᓂᒃ ᐱᖁᑎᒻᒪᓇᓐᓂᒃ ᐱᓇᓱᐊᕐᑕᐅᔪᓂᒃ. ᑖᒃᑯᐊ ᑮᓇᐅᔭᑦ ᐊᒃᒍᑕᐅᓚᐅᔪᕗᑦ ᓯᑕᒥᓕᖕᒋᖅᒪᑎᓐᓗᒋᑦ ᓄᓇᓕᓕᒫᓂ ᑮᓇᐅᔭᖃᕐᑎᓱᒍᑎᓄᑦ ᐃᒥᓕᖅᒪᑦᓱᑎᒃ ᓄᐃᑕᑎᑦᓱᒍᑎᓂ ᑕᑯᑦᓴᐅᔪᓂ:

ᑎᒥᐅᔪᖅ	ᐃᒃᓗᔪᐊᓂᒃ ᓯᒃᑯᒐᓕᒪᑎᑦᓯᓂᖅ	ᐊᑑᑎᐃᖕᒋᓐᓂᒃ ᓄᑕᐅᓯᓕᖕᑎᓇᓂᖅ	ᐊᓐᓂᐊᓯᐅᓇᒍᑏᑦ ᐱᐅᒃᑯᑎᒃᒪᓈᑦ	ᐱᐅᒃᑯᑎᒃᒪᓈᑦ	ᑲᑎᑦᓯᑎᒃ
ᑐᓚᑦᑕᐃᒃ	743 776	156 375	530 151	214 214	1 644 516
ᐃᓅᓕᑦᓯᐃᒃ	2 036 674	1 014 190	503 489	402 014	3 956 367
ᐃᓗᓯᓕᓇᐃᒃ	148 873	47 876	0	2 923	199 672
ᑲᑎᑦᓯᑎᒃ	**2 929 323**	**1 218 441**	**1 033 640**	**619 151**	**5 800 555**

ᓄᓇᐃᒃᒥ ᐃᓗᓯᓕᓇᓗᒃᑯᑦ ᐊᒥᓯᓂᒃ ᐱᓇᓱᐊᑦᑕᐅᔪᓂᒃ ᐃᑲᔪᑦᓯᓯᒪᓚᐅᑦᑐᑦ ᐊᑦᕋᒍᖕᒪᓂ 2015-2016 ᐊᖕᒍᒪᑦᓯᓯᐊᕈᑎᒥᑦᓯᒥᑦ ᓯᒃᑯᒐᓕᒪᑎᑦᓯᒍᑏᑦ, ᐱᐅᓯᒥᐊᓇᒍᑏᑦ ᐊᒃᒪᓗ ᐱᑕᖅᐊᓐᓇᑎᑦᓯᒍᑎᑦᓴᑦ ᐱᓇᓱᐟᐃᒪᓇᓂᒃ ᐱᓇᓱᑦᑏᓗ ᐊᓂᖅᑲᖅᐃᖕᒥᓐᓂᒃ.

ᑲᑭᒪᑐᖅᑲᒃᑯᑦ ᑐᓂᓯᒪᔭᖕᒥᑦ ᑮᓇᐅᔭᑦ

ᑮᓇᐅᔭᖅᑲᒃᑎᓯᓂᒃᒍᑦ ᐊᖕᒥᖅᑲᑎᑏᒍᑏᑦ ᑎᑭᐅᑎᔪᑦ $7.2 ᒥᓕᐊᓐᓂᑦ ᐊᑎᓕᐅᖅᑲᑎᖅᑭᑎᐅᓚᐅᔪᖕᑦ ᑲᑭᒪᑐᖅᑲᒃᑯᓂᒃ ᐊᖕᕋᒍᖕᒍᑦ 2015-2016ᒍᑦ (ᑕᑯᑦᓴᐅᑎᑦᓯᒍᑎ ᑕᑯᓗᒍ). ᑯᐯᒃᑯᑦ ᑐᓂᓲᖕᒥᑎᑑᕋᑎᒃ, ᐊᖕᕋᒍᑦ ᐃᓯᓕᓐᓂᖕᒪᓂ, ᑲᑭᒪᑐᖅᑲᒃᑯᑦ ᐊᑐᓈᒪᒥᑐᓂᒃ ᑮᓇᐅᔭᓂᒃ ᐅᑎᖕᑎᓯᓲᑦ.

ᐃᓗᓯᓕᓇᓗᒃᑯᑦ ᑲᓇᑕᒥ	2014-2015	2015-2016
ᓄᓇᓕᑐᖅᑭᑦ ᐱᑕᑦᓴᖅᑲᓗᐊᖕᓂᒍᑦ ᐊᐅᓚᑦᔭᓇᐊᕈᑎᖅᑲᒃᓂᖅ	635 632	540 683
ᓄᓇᓕᑐᖅᑲᒃᓄᑦ ᐃᓗᓯᓕᓇᓂᖕᒥ ᐱᓇᓱᑦᑎᓴᖕᓄᐊᖕᒪᔪᓂᒃ ᐱᒥᐊᕈᑏᑦ	0	0
ᓯᑐᓂᑦᓴᓕᐅᑦᓯᐊᓂᖕᒍᑦ	1 153 893	1 153 893
ᓄᑕᕋᑦᓴᓇᔭᐅᑦᓯᑎᒃ ᐃᒥᐊᓗᒍᑕᐅᓕᓃᑦ ᖃᓄᐃᒍᑎᖕᒥᑦ (ᓄᐃᓲᖅ)	351 762	351 762
ᐊᓂᖕᕋᓯᒪᔪᓂᒃ ᓄᓇᓕᒃᓂᓗ ᑲᒪᒥᔭᖅᑲᒃᓂᖅ	2 305 773	2 374 946
ᐃᓕᒃᓂᐊᓇᐊᖕᑎᑕᐅᖅᑲᑦᑕᑐᐃᓃᑦ ᐊᓂᖕᕋᓇᖕᒥᑕᒥᓄᑦ	675 530	675 530
ᐃᓱᒪᖅᑲᓯᐊᓂᖕᒍᓕᖕᒪᔪᓂᒃ ᐅᐃᒪᓇᖕᓯᓯᒪᔪᓂᒃ ᐊᐅᓚᑦᓯᓂᖅ	870 719	870 719
ᓂᓇᑦᓯᐊᓂᖅ ᑲᓇᑕᐅᑦ ᐅᑭᐅᖕᑕᑐᖕᒪᓂ	490 000	490 000
ᓄᑕᕋᖕᓴᓐᑦ ᓂᓇᑦᓯᐊᓇᐊᖅᑲᒃᓂᖕᒥᓐᓂᑦ ᐱᓇᓱᐊᖕᓂᖅ	445 082	314 234
ᐃᓅᓯᖕᒥᓂᒃ ᑭᐱᓯᑐᐃᓐᓇᑐᓕᑎᑦᓯᓂᖕᒍᑦ ᐋᖕᑭᓯᒪᐅᑎᑦᓴᖅ	160 000	169 273
	0	220 566
ᐃᓄᓕᓇᓱᑦ ᑲᑭᒪᑐᖅᑲᒃᑯᓂ		
ᐃᓚᒋᓂ ᐱᒥᐊᖅᑲᑦᑕᐅᑎᓅᑦ ᐱᓇᓱᐊᖕᑕᐅᓂᖕᒥᓐᓄᑦ	15 463	0
ᓄᓇᐃᒃᒥ ᓂᑭᑦᓯᐊᑑᒪᓂᖕᒍᑦ ᐃᓗᓯᓕᓇᓂᖕᒍᓗ ᑲᑎᖕᒪᔪᑦ	89 643	58 914
ᓇᓕᑎᖕᒍᓗ ᑐᒥᑕᐅᓂᖕᒍᓂᖕᑭᐅ	**7 18 547**	**7 214 526**

ᑲᑭᒪᑐᖅᑲᒃᑯᑦ ᑐᓂᓯᒪᔭᖕᒥᑦ ᑮᓇᐅᔭᑦ

ᓄᓇᐃᒃᒥ ᐃᓗᓯᓕᓇᓗᒃᑯᑦ ᐃᑲᔪᑦᓯᓕᐅᖅᑐᑦ ᐊᒃᒪᓗ ᑮᓇᐅᔭᖅᑎᒍᑦ ᐃᑲᔪᑦᓯᓕᐅᖅᓯᑎᒃ ᐊᑦᓱᑦᑎᖕᒥᑐᓂᒃ ᐱᓇᓱᐊᖅᑕᐅᔪᓂ ᐊᒃᓚᑕᐅᑦᓯᑎᒃ ᑕᔭᐅᔪᓂ ᐅᑯᓇᓂ:

◊ **ᓄᓇᓕᓚᒥᓂ ᐋᖅᑭᓯᒪᐅᑎᑦᓴᓄᑦ ᐸᖅᓇᒍᑎ**
ᐊᐅᓚᑦᓯᓂᓕᓇᓂᖕᒥ ᐱᒍᑦᓱᐱᒃᒥ ᐃᑲᔪᑦᓯᓚᐅᖅᑐᑦ 2015-2016 ᒍᓕᖕᒪᔪᑦ ᐱᓇᓱᐊᖅᑕᐅᒥᐊᓕᓐᓂᒃ ᐸᖅᓇᒍᑎᐅᑦ ᐱᓇᓱᐊᖅᑕᐅᒥᐊᓐᓚᒍᑎᖕᒥᓐᓂᒃ ᐊᖕᒥᖅᑕᐅᓚᐅᔪᔪᓂᒃ ᑯᐯᒃᒥ ᐃᓗᓯᓕᓇᓂᖕᒥ ᐃᓄᓕᓇᓂᖕᒥᓗ ᑐᖅᑲᑕᖅᐱᑯᓐᓄᑦ ᐅᓐᓗᖅᑲᓯᑎᒃ, ᔫᓚᐃ 24 2015ᒥ, ᐊᖕᒥᖅᓯᑎᒃ $7.6 ᒥᓕᐊᓐᓂᒃ ᓄᑕᐅᓯᓚᖅᑕᓂᐊᖅᑐᓂᒃ ᑮᓇᐅᔭᓂᒃ ᓄᓇᐃᒃᒥ ᐱᒍᑦᓱᐅᑏᑦ ᐱᑕᓐᓕᐊᔭ

ᐅᓂᑦᓴᕐᒥᓐᓃᓕᖓᔪᓂᒃ. ᒪᓕᑦᓱᑎᒃ ᐊᕐᒥᖕᑎᑏᒍᑎᒥ ᐱᑕᖕᓇᐊᖕᖕᓂᕋᑦᑕᐅᔪᓂᒃ. ᐊᑭᓕᓇᐊᓐᑦ ᐊᑭᓕᓇᕐᑕᐅᓚᐅᔪᕗᑦ ᐊᒻᒪᓗ ᐅᓂᒃᑲᐅᓯᓇᔭᐅᑦᓱᑎᒃ ᑯᐯᒻᒥ ᐃᓗᓯᓕᓇᓂᕐᒥ ᐃᓄᓕᓇᓂᕐᒥᓗ ᑐᕐᖓᑕᕐᐱᑯᓐᓄᑦ.

◊ ᐅᓐᓗᓇᐊᑦ ᓈᑕᐅᕙᓐᓕᐊᓂᑦᓴᖕᒐ (ᐃᐱᕐᑎᓯᐱᐅᑦ ᐅᐱᒐᕐᑐᓂᒃ ᐃᑲᔪᕐᑕᐅᒋᐊᓕᓐᓂᒃ) ᓯᑦᑎᒻᐱᓇ 2015-ᒥ, ᐅᓐᓗᓇᐊᖕᖕ ᓄᑦᑎᑕᐅᓂᖕᑲᓕᐅᔪᕗᖕᖕ ᐊᐅᓕᑕᐅᓂᖕᑲᓯᑦᓯᓂ ᐅᖕᒐᕙᒥ ᑐᓕᑦᑕᐱᒻᒧᑦ ᐋᓐᓂᐊᐱᒻᒧᑦ.

◊ ᓄᓇᓕᒻᒥ ᐃᓄᓯᑦᑐᐃᑦ ᐃᒻᓗᖕᒐ
ᓯᑦᑎᒻᐱᓇ 2015-ᒥ, ᐅᓐᓗᓇᐊᖕᖕ ᓄᑦᑎᑕᐅᓂᖕᑲᓕᐅᔪᕗᖕᖕ ᐊᐅᓕᑕᐅᓂᖕᑲᓯᑦᓯᓂ ᐅᖕᒐᕙᒥ ᑐᓕᑦᑕᐱᒻᒧᑦ ᐋᓐᓂᐊᐱᒻᒧᑦ.

◊ ᑐᕐᐅᒪᖕᑲᑎᑏᑦᑎᓯᐱᒃ
ᖕᑲᓇᑕᐅᔭᓕᓇᐱᐅᑦ ᐊᐅᓕᑕᐅᓂᖕᒐ ᐊᐅᓕᑦᓯᓂᕐᓂᒃ ᐱᒍᑦᓱᓂᕐᓄᑦ ᐊᓐᓕᐱᒻᒧᑦ ᐅᑎᓕᐅᔪᕗᖕᖕ

ᐱᓇᓱᐊᕐᓂᒪᓇᓐᓄᑦ ᐸᕐᓄᓇᒍᑎ

ᐱᑦᑐᐊᓇ 15, 2011-ᒥ, ᓄᓇᐱᒻᒥ ᐃᓗᓯᓕᓇᓱᒃᑯᑦ ᐊᕐᒥᖕᑎᑏᑎᖕᑲᓱᓐᓇᓯᓕᐅᔪᕗᑦ ᑯᐯᒻᒥ ᐃᓗᓯᓕᓇᓂᕐᒥ ᐃᓄᓕᓇᓂᕐᒥᓗ ᑐᕐᖓᑕᕐᐱᖕᒐᓂᒃ ᑕᒪᓐᓇᓗ ᐊᒍᑕᐅᒍᓐᓇᓯᑎᑦᓯᓯᓂ ᑮᓇᐅᔭᓂᒃ ᒪᑯᓄᖕᒐ ᐱᓇᓱᐊᕐᓂᒪᓇᑦᓴᓄᑦ:

ᐃᓗᓯᓕᓇᓂᕐᒥ ᐃᓄᓕᓇᓂᕐᒥᓗ ᐱᒍᑦᓱᓂᕐᓄᑦ	$200ᒥᓕᐊᓐ
ᐱᓇᓱᑦᑏᑦ ᐊᓂᕐᕋᕐᕐᒥᓐᓄᑦ	$80ᒥᓕᐊᓐ
ᑲᑎᑦᓱᑎᒃ	**$280ᒥᓕᐊᓐ**

ᑖᓐᓇ ᐊᕐᒥᖕᑎᑏᑎᒥᒍᑎ ᒪᓕᑦᓱᒍ, ᓄᓇᐱᒻᒥ ᐃᓗᓯᓕᓇᓱᒃᑯᑦ ᐊᓯᑦᓱᒥᐊᓇᓕᐅᔪᕗᑦ ᐱᓇᓱᐊᕐᓂᒪᓇᓐᓄᑦ ᐸᕐᓄᓯᑎᒥᒃ ᐃᓂᓐᓗᒍᑎᒥᑦᓱᒍ ᓯᕗᑦᓕᐅᔭᐅᒥᐊᓕᓐᓂᒃ ᖕᒃᒥᐅᓂᕐᓴᑯᑦ ᐊᑯᓂᓇᔪᒃᑯᓗ ᐱᓇᓱᐊᕐᓂᒪᓇᑦᓴᓄᑦ ᑮᓇᐅᔭᑦᑕᓱᒍᑎᓂᒃ ᐊᒻᒪᓗ ᐊᑐᑦᑕᐅᓂᐊᕐᑎᓗᒍ ᑲᒪᒥᔭᖕᒃᓱᑎᐅᓗᓂ ᐱᓇᓱᐊᕐᑐᓂᒃ. ᐱᓇᓱᐊᕐᓂᒪᓇᓐᓄᑦ ᐸᕐᓄᓇᒍᑎᒍᑦ ᐊᔪᕐᑮᒥᐊᓇᓐᑦ ᑲᑎᖕᒪᓐᑦ ᑲᔪᓯᔪᒥᒃ ᓄᑕᐅᓯᓕᕐᑎᓇᖕᑦᑕᑐᑦ ᐱᓇᓱᐊᕐᓂᒪᓇᓐᓄᑦ ᐸᕐᓄᓇᒍᑎᒥᒃ ᐊᒻᒪᓗ ᐊᖕᒍᒻᒪᑎᑎᑦᓯᒥᐊᖕᖕᑦᑕᓱᑎᒃ ᑲᒪᒥᔭᖕᖕᓂᒥᒍᑦ ᐱᓇᓱᐊᕐᓂᒪᓇᓂᒃ ᓄᓇᐱᒻᒥ.

ᒫᑦᓯ 31, 2016-ᖕᒍᓕᕐᑎᓗᒍ, ᐱᓇᓱᐊᕐᓂᒪᓇᓐᓈᓕᖓᔪᑦ ᑮᓇᐅᔭᕐᑖᓇᔭᐅᓯᒪᔪᐃᑦ ᐃᒃᓕᖓᓕᕐᑐᐃᑦ:

#	ᐱᓇᓱᐊᕐᑕᐅᔪᑦ	ᐃᒃᓗᔪᐊᑦ ᐃᓗᓯᓕᓇᓂᕐᒥ ᐃᓄᓕᓇᓂᕐᒥᓗ ᐱᒍᑦᓱᐅᑎᓄᑦ $200M	ᐱᓇᓱᑦᑏᑦ ᐃᒃᓗᖕᒥᑦ $80M
1	ᐱᓇᓱᐊᕐᑕᐅᔪᐃᑦ ᐱᒥᐊᕐᑕᐅᔪᐃᓐᑦ ᐊᕐᒥᖕᑎᑏᑎᒥᒍᑎᐅᑦ ᐊᑎᓕᐅᕐᑕᐅᐃᖕᒐᑕ ᓯᕗᓂᐊᒍᑦ: ᐱᐅᒃᒍᑎᒃᒪᓇᓐᓂᒃ ᓂᐅᐱᕈᑏᕐ. ᐱᖁᑏᑦ ᓯᒃᑯᒐᓕᒪᑎᑕᐅᓂᕐᒥᑦ. ᐊᒃᓚᐃᒻᒥᒃ ᐃᓂᖕᑲᕐᐃᒃ. ᐃᓄᓯᑦᑐᐃᑦ ᐃᑲᔪᕐᑕᐅᐃᖕᒥᑦ ᐊᓂᕐᖓᑦ (2). 19 ᐃᑲᔪᕐᑕᐅᐃᐅᑦᓯᑎᒃ ᐊᓂᕐᖓᑦ (ᑲᖕᒥᑦᓯᐊᓗᒃᔪᐊᖕᖕ). 46 ᐃᒃᓗᐃᑦ (2009)	18.3	20.4
2	70 ᐱᓇᓱᑦᑏᑦ-ᐊᓂᕐᕋᖕᒥᑦ ᐃᒃᓗᐃᑦ (2011-2012)		
3	ᐃᓄᓯᑦᑐᐃᑦ ᓴᐳᒻᒥᔭᐅᓂᖕᒥᓐᓄᑦ ᐱᓇᓱᐊᕐᐃᑯᑦ ᐃᒃᓗᔪᐊᑦ ᓴᓇᔭᐅᓂᖕᒐ ᐳᐃᕐᓂᑐᒥ	12.8	33.9
4	ᐃᐱᕐᑎᓯᐱᒃ ᓂᐊᐊᕐᓯᐊᓄᓕᖓᔪᖕᖕ (ᐅᑭᐅᓕᓐᓄᑦ 12-18) ᐃᓄᒃᔪᐊᒥ	24.7	

#	ᐱᓇᓱᐊᕐᑕᐅᔪᑦ	ᐃᒃᑐᔪᐊᑦ ᐃᓗᓯᓕᕆᓂᕐᒥ ᐃᓄᓕᕆᓂᕐᒥᓗ ᐱᒍᑦᑐᐅᑎᓄᑦ $200M	ᐱᓇᓱᑦᑏᑦ ᐃᒃᑐᖏᑦ $80M
5	50 ᐊᓂᕐᕋᔭᑦ ᐃᒃᓗᐃᑦ		25.7
6	ᐊᐅᐸᓗᒃ ᐋᓐᓂᐊᐃᒃ (ᒥᑦᓴᐅᔅᓱᒪᔪᑦ)	19	
	ᐊᖏᕐᑕᐅᓯᒪᔪᑦ ᑲᑎᑦᓱᑎᒃ	**74.8**	**80**
	ᐊᒥᐊᒃᑯᐃᑦ ᐊᑐᐃᓐᓇᐅᔪᑦ	**125.2**	

ᐱᐅᒃᒍᑎᒻᒪᓇᓐᓂᒃ ᐱᓇᓱᐊᕐᓃᑦ

ᐃᕕᕐᑎᓯᕕᒃ ᓂᕕᐊᕐᓱᐊᓂᒃ ᕕᐅᑭᐅᓕᓐᓂᒃ ᖃᑉ-ᖃᓐ[ᐃᓄᒃᔪᐊᒥ ᕕᐅᓪᓗᓇᐊᖅ[

ᐱᖓᓱᑦ (3) ᐃᓪᓗᔪᐊᑦ ᓄᑖᑦ ᐊᓇᕋᓇᔭᐅᔪᑦᓴᑦ ᐱᒍᑦᔭᐅᒋᐊᓕᓐᓂᒃ, ᐊᐅᓚᑦᓱᓂᓕᓇᕕᖃᕐᓱᓂ ᓱᓂᑦᑕᐱᑦᓴᖃᕐᓱᓂᓗ ᐃᓚᒥᓄᑦ ᐳᓛᓇᐊᕐᑕᐅᔪᖃᑐᐊᕐᐸᑦ ᐊᒻᒪᓗ ᓄᓇᒃᑰᔫᖃᐅᑎᖃᕐᓱᓂ ᓴᓂᕐᐯᐃᑦᓴᒥᒃ ᐱᖅᖑᐊᕈᑎᑦᓴᓂᒃ ᐃᓄᐃᑦ ᐱᕐᑯᓱᑐᖃᖓᑎᒍᑦ ᓱᒪᑦᓴᖃᕐᑎᑕᐅᓱᑐᐊᕐᐸᑕ ᓱᑦᑎᒻᐱᓇ 2015-ᒥ ᐱᔭᕇᕐᑕᐅᓚᐅᔪᖅ ᐃᕕᕐᑎᓯᕕᒃ.

ᐊᐅᐸᓗᒻᒥ ᐋᓐᓂᐊᕕᐊᐱᒃ

ᓴᓇᒻᒪᓴᖓ ᐋᓐᓂᐊᕕᐊᐱᓴᐅᑦ ᐱᔭᕇᕐᑕᐅᓚᐅᔪᖅ ᒫᑦᓱ 2016-ᒥ. ᐱᓇᓱᐊᕐᑕᐅᓂᑦᓴᖓᓂᓪᓗ ᑲᒪᔨᑦᓴᖅ ᓇᓪᓕᖃᕐᑕᐅᒥᐊᕐᐱᑦᓱᓂ.

ᐱᓇᓱᑦᑎᓄᑦ-ᐃᓪᓗᔪᐊᑦ 2015-2016

ᑯᐯᒃᒥ ᐃᓗᓯᓕᕆᓂᕐᒥᒃ ᐱᒍᑦᔭᓂᕐᓄᑦ ᑐᕐᖃᑕᕐᐱᑯᑦ ᐊᖏᕈᑎᖃᓚᐅᔪᖅᑦ 50-ᓂᒃ ᐃᓪᓗᓴᓂᒃ 92-ᒍᓯᒪᑎᓪᓗᒋᑦ ᑐᒃᓱᕋᖏᑦ ᐊᕐᕌᒍᓄᑦ ᐊᒥᓱᓄᑦ ᓄᓇᓕᓕᒫᓂ ᐸᕐᓂᕈᑎᑎᒍᑦ. ᐅᓪᓗᒥᒍᑦ, ᐱᔭᕇᕐᓯᒪᔭᖅᑦ ᑕᒪ:

◊ ᓴᓇᓱᒪᔪᒍᑦ 18-ᓂᒃ ᐊᐅᓚᑦᓱᓛᕐᑐᓄᓪᓗ ᑐᓂᓱᒪᑦᓱᒥᑦ ᒫᑦᓱ 2016 ᐃᓱᓕᓂᖓᓂ. ᐊᓱᖏᓪᓗ ᓱᑦᑎᒻᐱᓇ 2016-ᒍᓚᐅᕐᑎᓇᒍ ᐊᐅᓚᑦᓱᒥᐊᓕᓐᓄᑦ ᑐᓂᓛᕐᓱᒥᑦ.

ᓴᓇᓂᕐᓄᑦ ᑲᑎᒪᔨᑦ

ᑕᑯᓐᓂ ᐊᕐᕋᒍᕐᒥ, ᓴᓇᓂᕐᓄᑦ ᑲᑎᒪᔨᑦ ᑲᑎᒪᑦᓱᖃᑦᑕᓚᐅᔪᖅᑦ ᐱᓇᓱᖃᑎᒥᒥᐊᓕᒥᓂᒃ, ᐱᓇᓱᑦᑎᓂᒃ ᐊᒻᒪᓗ ᑯᐯᒃᒥ ᐃᓗᓯᓕᕆᓂᕐᒥᒃ ᐱᒍᑦᔭᓂᕐᓄᑦ ᑐᕐᖃᑕᕐᐱᑯᓐᓂᒃ. ᑲᑎᒪᔨᑦ ᐊᐅᓚᑦᓱᒍᓱᕐᓂᒃ ᖃᐅᔨᒪᑎᑦᓱᔨᐅᕙᑦᑐᑦ ᓴᓇᔪᖃᓕᕐᒪᓗ ᑐᑭᒍᐊᖅᑎᓱᕙᑦᓱᑎᒃ.

ᐱᓇᓱᑦᑐᓕᕆᕕᒻᒥᑦ

2015-2016-ᒥ ᐱᓇᓱᑦᑐᓕᕆᕕᒻᒥ ᐱᓇᓱᐊᕐᑕᐅᕙᓪᓗᓱᒪᔪᑦ ᑕᒪ:

◊ ᐅᓪᓗᕆᐊᖅ ᓈᑕᐅᓂᖃᕐᓱᒪᔪᖅ ᐃᓱᒪᒋᑦᓱᒥᑦ ᐊᑐᕐᑏᑦ, ᐱᓇᓱᑦᑏᑦ ᐱᓇᓱᓐᓂᒍᓪᓗ ᒪᓕᒃᑦ. ᐅᖓᕙᒥ ᑐᓚᑦᑕᕕᒻᒍᑦ ᐋᓐᓂᐊᕕᒻᒍᑦ ᐊᐅᓚᑕᐅᓚᖓᓱᔪᕕᓂᖅ ᐱᒥᐊᕐᑐᒥᒃ ᓱᑦᑎᒻᐱᓇ 2015 ᒪᓕᑦᓱᒥᑦ ᐱᓇᓱᐊᕐᑕᐅᒥᐊᓖᑦ;

◊ ᐱᓇᓱᑦᑎᓴᕐᑖᑕᕕᓂᖅ ᕕᐱᓇᓱᑦᑎᓴᕐᓱᐅᓂᒃᑯᑦ, ᓇᓪᓕᒃᖃᕐᓂᑎᒍᑦ, ᐱᓇᓱᑦᑎᑖᕐᓂᑯᑦ[ᐃᓱᒪᒋᑦᓱᒥᑦ ᐱᒍᑦᔭᐅᑏᑦ ᐃᑭᓐᓂᓴᐅᓚᖓᓕᕐᓂᕐᒥᑦ ᐊᒻᒪᓗ ᐃᓪᓗᐃᓂᐊᕐᓂᖅ ᐊᓪᓕᕕᑦᓴᖃᑦᓱᐊᕐᒥᓐᓂᓗ;

◊ ᐊᐅᓚᑕᐅᓂᖓ ᐊᑦᔨᒌᖅᑭᑐᑦ ᐱᑭᑦᓕᖑᑎᑦᓴᑦ ᐱᓇᓱᐊᓂᒧᑦ ᒪᓕᒐᕐᒧᓕᖓᔪᑦ.

ᐱᓇᓱᑦᓴᑦ ᐊᓐᓚᕕᑦ ᖃᓄᐃᑦᑑᓂᖅᑭᓐᓄ ᐱᓇᓱᒐᑦᓴᑦ ᒫᑦᓱ 31, 2016			
ᐊᓐᓚᕕᑦ	ᐊᑕᔪᒥᒃ ᑭᑭᓐᓚᒍᓱᖅᑭᑦ ᐃᓗᐃᑦᑐᐃᑦ	ᐊᑕᖅᑭᑐᑦ ᑭᑭᓐᓚᒍᓱᖅᑭᑦ ᐃᓗᐃᑦᑐᐃᑦ ᐱᓇᓱᑦᑕᐅᑭᓐᓇᓇᐊᓕᓐᓄᑦ	ᐊᑕᖅᑭᑐᑦ ᐃᓗᓐᓇᖅᒐᒍᑦ
ᑲᒪᔨᒃᒪᓇᐅᑦ ᐊᓐᓚᕕᖅᒐᓂ			
ᐱᓇᓱᑦᑏᑦ	11	2	
ᐊᐅᓚᑦᓱᔨᑦ	2		
ᐊᐅᓚᑦᓱᓂᖅᓂᒃ ᐱᒍᑦᔨᓂᖅᓄᑦ			
ᐱᓇᓱᑦᑏᑦ	15	0.7	1
ᐊᐅᓚᑦᓱᔨᑦ	5		1
ᓄᓇᕕᐅᑦ ᓱᓚᑖᓐᑦᑐᓂᒃ ᐱᒍᑦᔨᐅᑏᑦ			
ᐱᓇᓱᑦᑏᑦ	1	0.8	
ᐊᐅᓚᑦᓱᔨᑦ	1		
ᐸᒃᑯᓂᖅᓄᑦ ᐱᔭᑦᓴᓕᓇᓂᖅᓄᓐᓄ			
ᐱᓇᓱᑦᑏᑦ	18	2	
ᐊᐅᓚᑦᓱᔨᑦ	4		
ᐃᓄᐃᑦ ᐱᒃᒪᓇᖅᑯᑎᖅᑭᑦ ᐱᓇᓱᐊᔨᖅᑭᒃᓐᓄ			
ᐱᓇᓱᑦᑏᑦ		7	
ᐊᐅᓚᑦᓱᔨᑦ	1		
ᓄᓇᓕᒫᓂ ᐱᓇᓱᑦᑎᑖᑦᐸᓕᐊᓂᖅ			
ᐱᓇᓱᑦᑏᑦ	4	0.5	
ᐊᐅᓚᑦᓱᔨᑦ	1		
ᓇᐅᓚᒫᓂᒃ ᐃᓗᓱᓕᓇᓂᖅ			
ᐱᓇᓱᑦᑏᑦ	15	3	1
ᐊᐅᓚᑦᓱᔨᑦ	2		
ᑲᑎᑦᓱᑎᒃ	**80**	**16**	**3**

NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES

SUMMARY FINANCIAL REPORT

MARCH 31, 2016

NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES
SUMMARY FINANCIAL REPORT
MARCH 31, 2016

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SYNOPSIS REVIEW

NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES
SYNOPSIS REVIEW
MARCH 31, 2016

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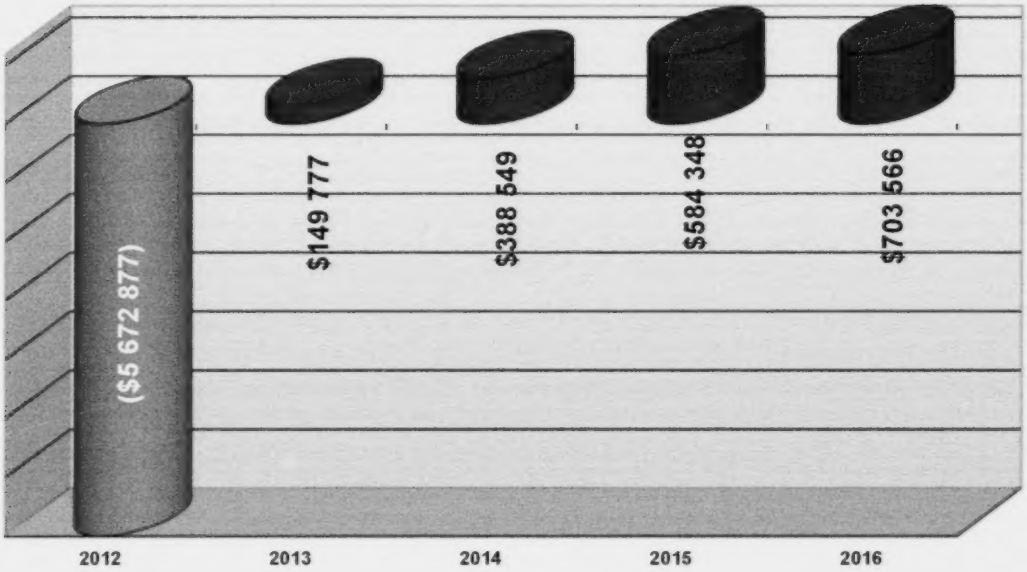
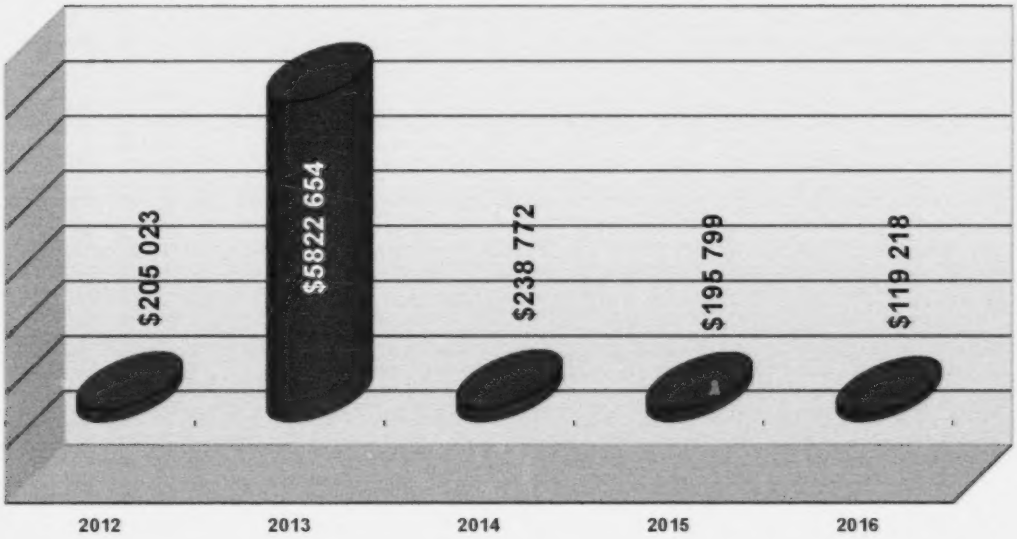
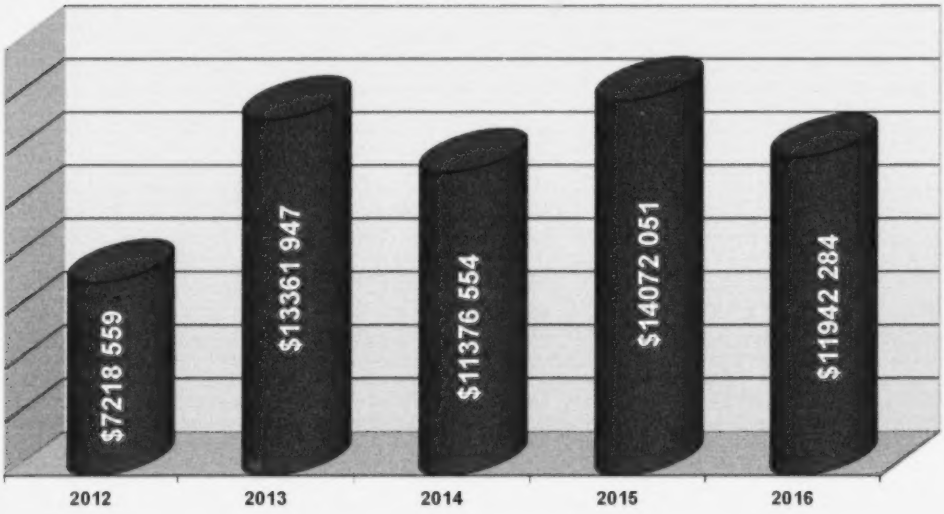
OPERATING FUND - FUND BALANCE



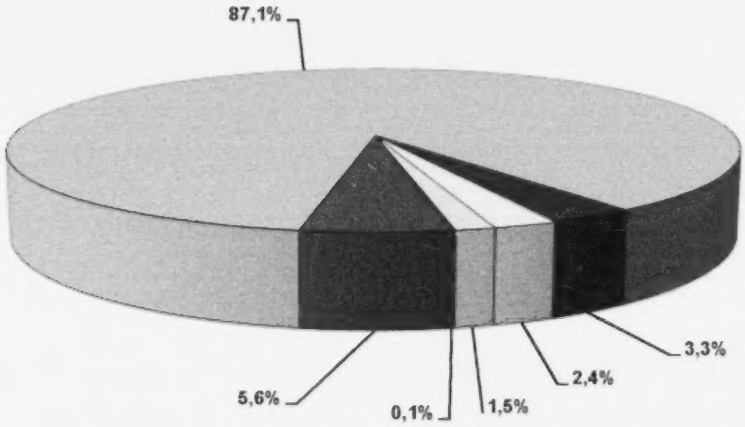
OPERATING FUND - EXCESS OF REVENUES OVER EXPENSES INCLUDING TRANSFERS TO ASSIGNED FUNDS



OPERATING FUND - EVOLUTION OF THE HEALTH AND SOCIAL SERVICES GRANTS



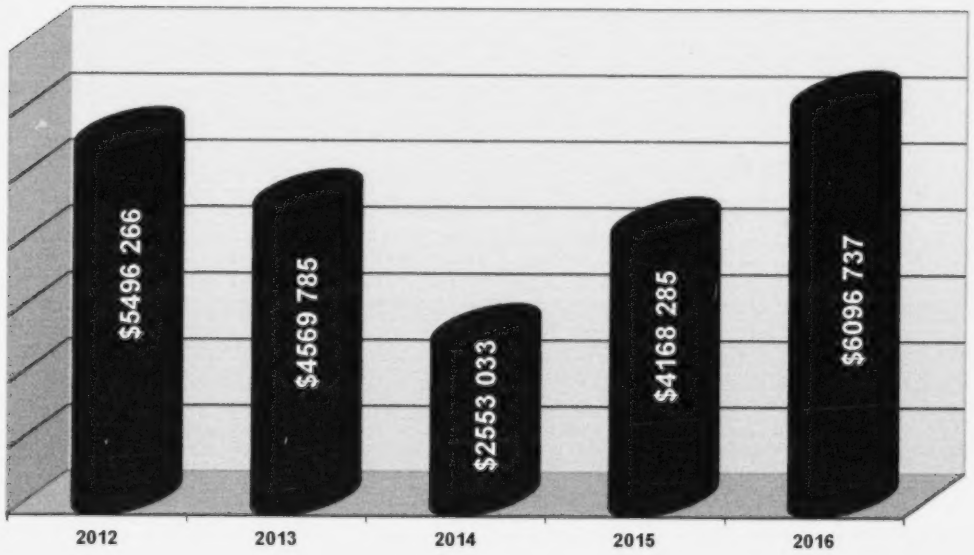
OPERATING FUND - SOURCES OF REVENUE FOR THE YEAR



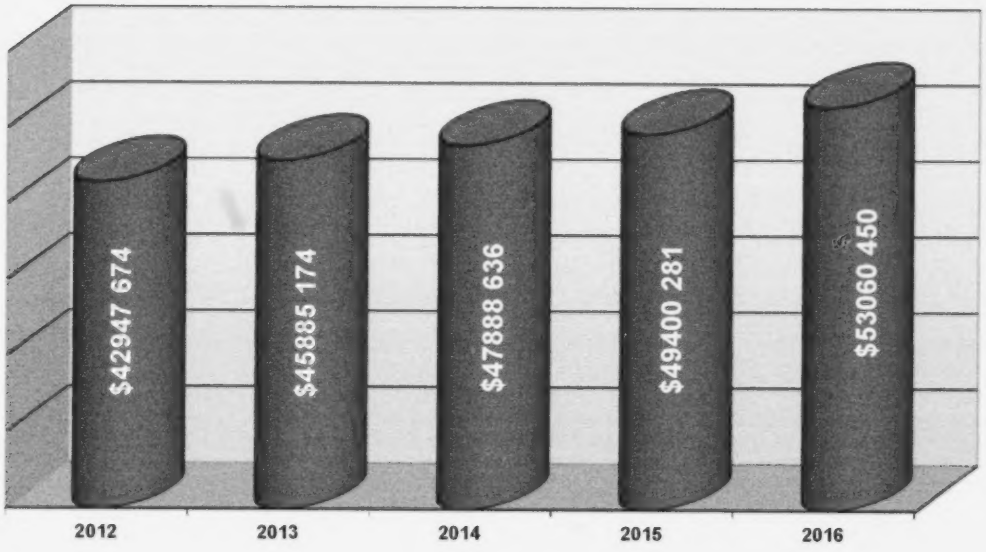
Health and Social Services (87.1%) | Housing Rental (3.3%) | Municipal Affairs (2.4%)

Administration Fees (1.5%) | Interest Income (0.1%) | Other Revenue (5.6%)

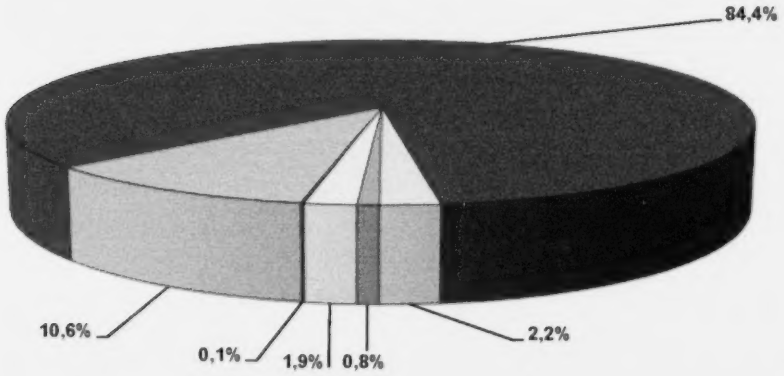
ASSIGNED FUND - COMBINED FUND BALANCE AND DEFERRED REVENUES



ASSIGNED FUND - EVOLUTION OF THE HEALTH AND SOCIAL SERVICES GRANTS



ASSIGNED FUND - SOURCES OF REVENUE FOR THE YEAR



Development Canada (0.1%)
Health Canada (10,6%)
Health and Social Services (84,4%)
Health Centres contributions (2,2%)
C.S.S.T. (0,8%)
Other (1,9%)

ᓄᓇᕗᒻ ᓄᓇᓕᓕᒫᑦ ᐃᓗᓯᓕᕆᓂᕐᒥ ᐱᒍᑦᑐᓂᕐᓄᑦ ᑲᑎᒪᔨᖅᑭᑦ
ᑮᓇᐅᔭᓕᕆᒍᑏᑦ ᐊᓪᓚᑕᐅᓯᒪᒍᑎᖅᑭᑦ
ᒫᑦᑐ 31, 2016

ᓄᓇᐃᒃ ᓄᓇᓕᓕᒫᑦ ᐃᓗᓯᓕᓇᓂᑦᒥ ᐱᒍᑦᑐᓂᑦᓄᑦ ᑲᑎᒪᔨᖕᒋᑦ
ᑮᓇᐅᔭᓕᓇᒍᑏᑦ ᐊᓪᓚᑕᐅᓯᒪᒍᑎᖕᒋᑦ
ᒫᑦᑐ 31, 2016

ᐃᓗᓕᖕᒋᑦ

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ᑮᓇᐅᔭᖑᑏᑦ ᑮᓇᐅᔭᕐᑐᕈᑏᓪᓗ ᐊᓪᓚᑕᐅᓯᒪᒍᑎᖕᒋᑦ	15
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ᑮᓇᐅᔭᓕᓇᒍᑏᑦ ᐊᓪᓚᑕᐅᓯᒪᒍᑎᖕᒋᑦᑕ ᑐᑭᓯᓇᕈᑎᖕᒋᑦ	23

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ᑲᑎᖕᖓᔪᑦ ᑲᑎᒍᑎᖕᒋᑦ
ᒪᑦᔨ 31, 2016

	2016 $	2015 $
ᐱᐅᓐᑯᑏᑦ		
ᐃᖕᒋᕐᕋᑎᑦᓯᒍᑎᓂᑦ ᐱᔭᐅᒥᑦᑕᑦ	**5 682 948**	6 547 897
ᑐᓂᕐᕈᓯᑦ ᐃᑎᓇᑦᑕᑦ	**117 566 780**	93 695 905
	123 249 728	100 243 802
ᑭᒋᓕᕋᑦᓴᑦ		
ᑭᓇᐅᔭᓐᑯᐱᒻᒥᑦ ᑭᑦᑕᑐᑭᑦ	**5 800 555**	4 507 315
ᑭᓇᐅᔭᖃᕐᑎᓯᓚᐅᕐᑐᕈᑎᑦ	**108 357 175**	72 017 114
ᑭᒋᓕᕐᓴᑦ ᑭᒋᓕᕐᓴᑕᖕᒍᓯᒪᔪᑦᓗ	**106 155 061**	84 887 812
ᓄᑦᑎᑕᐅᓯᒪᔪᑦ ᑭᓇᐅᔭᖅᑯᑎᑦ	**8 681 475**	7 761 110
ᓴᑐᒥᑦ ᑭᒋᓕᓇᑭᑦᑕᑦ	**22 534 141**	35 166 813
	251 528 407	204 340 164
ᑲᑎᖕᓂᖕᒐ ᑮᓇᐅᔭᖅᑯᑎᒻᒪᕆᑦ (ᑲᑎᖕᓂᖕᒐ ᑭᒋᓕᕐᓴᑦ)	**(128 278 679)**	(104 096 362)
ᑮᓇᐅᔭᐅᖕᖕᒋᑐᑦ ᐱᐅᓐᑯᑏᑦ		
ᑮᓇᐅᔭᖅᑯᑏᑦ ᑲᑎᖕᓂᖕᒐ	**12 977 279**	13 667 579
ᓴᓇᓃᑦ ᑲᔪᓯᔪᑦ	**113 627 868**	87 591 346
	126 605 147	101 258 925
ᑮᓇᐅᔭᖅᑯᑏᑦ ᑲᑎᖕᓂᖕᒐ		
ᑮᓇᐅᔭᖅᑯᑏᑦ ᑲᑎᖕᓂᖕᒐ	**(1 673 532)**	(2 837 437)

ᑲᑎᖕᖓᔨᓂᒃ ᐱᒍᑦᔨᔪᒃ:

_____, ᑲᑎᖕᖓᔨ

_____, ᑲᑎᖕᖓᔨ

ᓄᓇᐃᒃ ᓄᓇᓕᓕᒫᑦ ᐃᓗᓯᓕᕆᓂᕐᒥ ᐱᒍᑦᑐᓂᕐᓄᑦ ᑲᑎᒪᔨᖅᑭᑦ
ᑮᓇᐅᔭᖑᑏᑦ ᐊᓯᑦᑐᑕᕐᓂᖅᑭᑦᑕ ᐊᓪᓚᑕᐅᓯᒪᖕᒍᑎᖅᑭᑦ (ᑲᑎᑦᓯᒋᑦ ᐊᑭᓕᑦᓴᑦ)
ᐊᕐᕌᒍ ᐃᓯᓕᑦᑐᖅ ᒫᑦᑐ 31, 2016

	2016 $	2015 $
ᐊᑐᖅᑭᓗᐊᕈᑏᑦ(ᐊᑭᓕᕋᑦᓴᖕᒍᑦᑐᑦ)	**1 163 905**	574 510
ᐱᐅᓯᑎᒡᒪᕝᑦ ᐊᓯᑦᑐᑕᕐᓂᖅᑭᑦ		
ᐱᐅᓯᑎᒡᒪᕆᑦᑕᕈᑏᑦ	**(216 686)**	(724 572)
ᐅᓄᕐᓯᒋᐊᕈᑎᖅᑭᑦ (ᐃᑭᑦᓕᒋᐊᕈᑎᖅᑭᑦ) ᓴᓇᓂᕐᒥ	**(26 036 522)**	(6 761 232)
ᐱᐅᓯᑎᒡᒪᕝᑦ ᐊᑮᕈᑦᐸᓕᐊᓂᖅᑭᑦ	**906 986**	898 677
	(25 346 222)	(6 587 127)
ᐊᑦᑐᒦᖅᖅᓂᖅᑭᑦ ᑮᓇᐅᔭᖑᑏᑦ ᐱᐅᓯᑏᑦ ᑲᑎᖕᓂᖅᑭᑦᑕ (ᐊᑭᓕᑦᓴᑦ ᑲᑎᖕᓂᖅᑭᑦᑕ)	**(24 182 317)**	(6 012 617)
ᐊᕐᕌᒍᑦ ᐱᒋᐊᕐᓂᖓᓂ - ᐊᑦᑐᒦᖅᖅᓂᖅᑭᑦ ᑮᓇᐅᔭᖑᑏᑦ ᐱᐅᓯᑏᑦ ᑲᑎᖕᓂᖅᑭᑦᑕ (ᐊᑭᓕᑦᓴᑦ ᑲᑎᖕᓂᖅᑭᑦᑕ)	**(104 096 362)**	(98 083 745)
ᐃᓯᓕᓂᖓᓂ ᑲᑎᒍᑎᖓ - ᐊᑦᑐᒦᖅᖅᓂᖅᑭᑦ ᑮᓇᐅᔭᖑᑏᑦ ᐱᐅᓯᑏᑦ ᑲᑎᖕᓂᖅᑭᑦᑕ (ᐊᑭᓕᑦᓴᑦ ᑲᑎᖕᓂᖅᑭᑦᑕ)	**(128 278 679)**	(104 096 362)

ᓄᓇᕗᒃ ᓄᓇᓕᓕᒫᑦ ᐃᓗᓯᓕᓇᓂᕐᒥ ᐱᒍᑦᑐᓂᕐᓄᑦ ᑲᑎᒪᔨᖅᑭᑦ
ᑲᑎᖕᖕᒐᔪᑦ ᐊᓯᑦᑐᑦᓂᖅᑭᑦᑕ ᑲᑎᒍᑎᖅᑭᑦ
ᐊᕐᕌᒍ ᐃᓱᓕᑦᑐᖅ ᒫᑦᑐ 31, 2016

	2016 $	2015 $
ᑮᓇᐅᔭᖑᑏᑦ - ᐊᕐᕋᒍᑦ ᐱᒋᐊᕐᓂᖅᓴᓂ	**(2 837 437)**	(3 411 947)
ᑮᓇᐅᔭᕐᑐᓗᐊᕈᑎᐅᓯᒪᔪᖅ (ᖃᖅᑭᐅᑎᒍᑏᑦ) ᑮᓇᐅᔭᖑᑎᓂᑦ	**1 163 905**	574 510
ᑮᓇᐅᔭᖃᕐᑎᓯᖃᑎᒌᒍᑏᑦ ᓄᑦᑎᑕᐅᓂᖅᑭᑦ	-	-
ᑮᓇᐅᔪᑦ ᑲᑎᖕᓂᖅᓴ - ᐊᕐᕋᒍᑦ ᐃᓱᓕᓂᖅᓴᓂ	**(1 673 532)**	(2 837 437)

ᓄᓇᕗᒻᒥ ᓄᓇᓕᓕᒫᑦ ᐃᓗᓯᓕᕆᓂᕐᒥ ᐱᒍᑦᑐᓂᕐᓄᑦ ᑲᑎᒪᔨᖅᑭᑦ
ᑲᑎᖕᖓᔪᑦ ᑮᓇᐅᔭᕐᑯᑏᑦ ᑮᓇᐅᔭᕐᑐᕈᑏᑦᓗ
ᐊᕐᕌᒍ ᐃᓱᓕᑦᑐᖅ ᒫᑦᑐ 31, 2016

	2016 $	2015 $
ᑭᓇᐅᔭᕐᑯᑎᑦ		
ᑭᓇᐅᔭᓕᐊᑦ ᑐᓂᕐᕈᓯᐊᑦᓗ	**76 177 282**	74 939 801
ᑭᓇᐅᔭᕐᑯᑎᑦ ᐊᕐᕿᒋᐊᕐᑕᐅᒍᑎᖅᑭᑦ	**(627 112)**	(516 373)
ᐃᑦᓗᓂᒃ ᐊᑦᑕᑐᕈᑎᑦ	**457 934**	458 222
ᐊᐅᓚᑦᓯᓂᓕᓇᓂᕐᒧᑦ ᐊᑭᑦ	**207 655**	214 515
ᕿᑐᕐᖅᒋᐊᑦ	**16 757**	8 984
ᐃᓅᓕᑦᓯᕕᒃᒧᑦ	**300 324**	536 939
ᑐᓚᑦᑕᕕᒃᒧᑦ	**1 086 485**	2 500 363
ᐊᓯᖅᒋᑦ	**1 422 678**	1 716 575
	79 042 003	79 859 026
ᑮᓇᐅᔭᑦ ᓄᑦᑎᑕᐅᓯᒪᔪᑦ - ᐊᕐᕌᒍᑦ ᐱᒋᐊᕐᓂᖅᓴᓂ	**7 761 110**	6 755 734
ᑮᓇᐅᔭᑦ ᓄᑦᑎᑕᐅᓯᒪᔪᑦ - ᐊᕐᕌᒍᑦ ᐃᓱᓕᓂᖅᓴᓂ	**(8 681 475)**	(7 761 110)
	(920 365)	(1 005 376)
	78 121 638	78 853 650

ᓄᓇᕗᒃ ᓄᓇᓕᓕᒫᑦ ᐃᓗᓯᓕᕆᓂᕐᒥ ᐱᒍᑦᔨᓂᕐᓄᑦ ᑲᑎᒪᔨᖅᑭᑦ ᑲᑎᖕᖕᒐᔪᑦ ᑮᓇᐅᔭᕐᑯᑏᑦ ᑮᓇᐅᔭᕐᑐᕈᑏᑦᓗ (ᑲᔪᓯᔪᖅ) ᐊᕐᕌᒍ ᐃᓱᓕᑦᑐᖅ ᒫᑦᔨ 31, 2016

	2016 $	2015 $
ᑭᓇᐅᔭᕐᑐᕈᑎᑦ		
ᑭᓇᐅᑦᔭᕐᓴᑦ ᐱᑯᑦᓕᕐᑯᑎᑦ	**9 523 049**	12 332 513
ᐊᐅᓚᑦᓯᓂᓕᕆᓂᕐᒧᑦ ᐊᑭᑦ	**207 855**	214 404
ᑐᕐᐅᒪᔭᐅᑎᑦᓯᓂᖅ ᐊᑦᓚᖕᒍᕐᑎᓯᓂᕐᓗ	**269 311**	142 817
ᐱᐅᒃᑯᑎᒻᒪᕆᑦ ᐊᑭᕈᑦᐸᓕᐊᓂᖕᒥᑦ	**906 986**	898 677
ᐊᕐᕋᒍᑕᒪᕐᓯᐅᑎ ᑲᑎᒪᓂᒻᒪᕆᒃ	**127 483**	107 615
ᐳᕐᑭᐊᓇᕐᑐᑦ ᑭᓇᐅᔭᒃᑯᕕᑦ	**(12 034)**	34 195
ᐱᐅᒃᑯᑎᓂᒃ ᐊᑦᑕᑐᕈᑎᑦ	**54 526**	76 379
ᖃᖕᒐᑦᑕᐅᑎᑦ	**44 694**	64 347
ᓱᖃᑦᓯᓂᕐᒧᑦ ᐱᖕᖕᒍᐊᓂᕐᒧᓗ ᐊᑦᓚᕕᒻᒪᕆᒃ ᑲᑦᒪᒃᑯᓂ	**397 776**	431 819
ᑲᑎᖕᖕᒐᔨᐅᒍᑎᑕᕈᑎᑦ	**326 725**	282 845
ᐃᑦᓗᓂᒃ ᐊᑦᑕᑐᕈᑎᑦ	**555 914**	577 148
ᐱᓂᕐᓗᓂᒃᑯᑦ ᐸᓯᔭᑦᓴᐅᓂᕐᒧᑦ ᐃᒻᒪᖃᐅᑎᒃ	**25 213**	24 708
ᐃᓕᐅᖅᑭᓂᕐᒧᑦ ᑭᓇᐅᔭᕐᑯᑎᑦ	**535 187**	615 871
ᐊᑯᓐᕐᑐᒧᑦ ᐊᑭᓕᑦᓴᑦ ᖃᑐᖅᑭᐊᖕᒥᑦ	**1 666 537**	2 204 575
ᓄᓇᒥᒃ ᐊᑦᑕᑐᐊᖃᕈᑎᑦ	**106 628**	81 239
ᓱᕐᑯᒥᓯᒪᔪᕐᓂᐊᑎᑦ ᓴᓇᔭᐅᒥᐊᓖᑦᓗ	**136 693**	114 035
ᓱᕐᑯᒥᓯᒪᔪᕐᓂᐊᑎᑦ ᓴᓇᒥᐊᓖᑦᓗ	**19 327**	15 952
ᑲᑎᒪᓐᑦ ᑲᑎᒪᓂᐊᕈᓯᑦᓗ	**33 334**	25 457
ᓄᓇᓕᒻᒥ ᐱᒍᑦᔨᔨᑦ	**323 439**	328 233
ᐊᑦᓚᕕᒻᒥ ᐱᓇᓱᑎᑦ ᐱᐅᒃᑯᑎᑦᓗ	**1 047 993**	1 132 750
ᐱᒍᓐᓇᑐᑦᓚᓇᖕᓂᒃ ᐱᓇᓱᐊᕐᑎᓯᒍᑎᑦ	**1 142 191**	1 322 452
ᐊᑐᐊᒐᓕᐅᕐᓂᖅ ᐊᑦᓚᓂᐊᒐᖃᕈᑎᑦᓗ	**36 999**	57 761
ᐱᓇᓱᒍᑦᔨᓂᕐᒧᑦ ᐊᖏᖃᑎᒋᒍᑎᑦ	**2 198 204**	2 700 662
ᑐᕐᐅᒪᖃᑦᑕᐅᑎᒍᑎᑦ	**201 393**	286 353
ᐱᒋᐅᕐᓴᑎᑦᓯᓂᖅ ᐃᓕᖕᓂᐊᓂᕐᓗ	**36 052**	302 312
ᑎᒥᐅᔪᓄᑦ ᓄᑦᑎᑕᐅᔪᑦ	**3 020 396**	2 722 056
ᓄᑦᑎᑕᐅᔪᑦ ᐃᓅᓕᑦᓯᐊᒻᒧᑦ	**29 581 277**	28 820 393
ᓄᑦᑎᑕᐅᔪᑦ ᑐᓚᑦᑕᐊᒻᒧᑦ	**21 072 396**	18 469 803
ᐊᐅᓚᒍᑎᑦ ᓯᓂᑦᑕᕈᑎᑦᓗ	**3 088 807**	3 624 346
ᐃᖏᕐᕋᐅᑎᑦ	**42 632**	46 414
ᐊᓯᖏᑦ	**240 960**	221 009
	76 957 943	78 279 140
ᑮᓇᐅᔭᕐᑐᓗᐊᕈᑎᐅᓯᒪᔪᖅ (ᖃᖏᐅᑎᒍᑏᑦ) ᑮᓇᐅᔭᕐᑯᑎᓂᑦ	**1 163 695**	574 510

ᓄᓇᐃᒃ ᓄᓇᓕᓕᒫᑦ ᐃᓗᓯᓕᓇᓂᕐᒥ ᐱᒍᑦᑐᓂᕐᓄᑦ ᑲᑎᒪᔨᖕᒋᑦ
ᑮᓇᐅᔭᐃᑦ ᐊᐅᓚᒍᑏᑦ-ᑲᑎᖕᓂᖕᒐ
ᒫᑦᑐ 31, 2016

	2016 $	2015 $
ᐱᐅᒃᑯᑎᑦ		
ᑮᓇᐅᔭᑐᐃᖕᓂᑦ	**5 553 873**	6 279 658
ᑐᓂᕐᒋᓯᐊᑦ ᐃᑎᓇᐊᓖᑦ (ᐊᑦᓚᓯᒪᔪᖅ 3 ᐊ))	**5 924 014**	8 954 442
ᐱᔭᐅᒥᐊᖃᕐᓯᒪᔪᑦ ᐊᑯᓐᓂᕐᑐᒥ ᑮᓇᐅᔭᕐᑯᑎᓂᑦ (ᐊᑦᓚᓯᒪᔪᖅ 8)	**127 501**	126 199
	11 605 388	15 360 299
ᐊᑭᓕᕋᑦᓴᑦ		
ᐊᑭᓕᑦᓴᑦ ᐊᑭᓕᑦᓴᑖᖕᒍᓯᒪᔪᑦᓗ	**4 789 839**	6 760 580
ᑑᕋᒪᓕᐅᓈᕐᓯᒪᔪᓄᑦ ᐊᑐᕐᑐᓴᑦ (ᐊᑦᓚᓯᒪᔪᖅ 8)	**5 904 343**	7 844 331
ᓄᑦᑎᑕᐅᓯᒪᔪᑦ ᑮᓇᐅᔭᕐᑯᑏᑦ (ᐊᑦᓚᓯᒪᔪᖅ 5ᐊ))	**207 640**	171 040
	10 901 822	14 775 951
ᑲᑎᖕᓂᖕᒐ ᑮᓇᐅᔭᕐᑯᑎᒻᒪᓈᑦ (ᑲᑎᖕᓂᖕᒐ ᐊᑭᓕᑦᓴᑦ)	**703 566**	584 348
ᑭᓇᐅᔭᕐᑯᑎᑦ ᑲᑎᖕᓂᖕᒐ		
ᑮᓇᐅᔭᕐᑯᑏᑦ ᑲᑎᖕᓂᖕᒐ	**703 566**	584 348

ᓄᓇᐱᒃ ᓄᓇᓕᓕᒫᑦ ᐃᓗᓯᓕᕆᓂᕐᒥ ᐱᒍᑦᑐᓂᕐᓄᑦ ᑲᑎᒪᔨᖕᒋᑦ ᑮᓇᐅᔭᐃᑦ ᐊᐅᓚᒍᑏᑦ-ᑮᓇᐅᔭᐃᑦ ᑲᑎᖕᓂᖕᒋᑦᑕ ᐊᖕᓚᑕᐅᓯᒪᒍᑎᖕᒋᑦ ᐊᕐᕌᒍ ᐃᓱᓕᑦᑐᖅ ᒫᑦᑐ 31, 2016

	2016 $	2015 $
ᑮᓇᐅᔭᑦ-ᐊᕐᕌᒍᑦ - ᐱᒋᐊᕐᓂᖕᒐᓂ	**584 348**	388 549
ᑮᓇᐅᔭᕐᑐᓗᐊᕈᑎᐅᓯᒪᔪᖅ (ᖃᖕᒋᐅᑎᒍᑏᑦ) ᑮᓇᐅᔭᕐᑯᑎᓂᑦ -		
ᐃᖕᒋᕋᑎᑦᓯᒍᑎᑐᐃᖕᓄᑦ	**177 069**	1 512 263
ᓄᑦᑎᑕᐅᔪᑦ ᑮᓇᐅᔭᕐᑯᑎᓄᑦ	**(57 851)**	(1 316 464)
ᑮᓇᐅᔭᕐᑯᑏᑦ - ᐊᕐᕌᒍᑦ ᐃᓱᓕᓂᖕᒐᓂ	**703 566**	584 348

ᓄᓇᐃᒃ ᓄᓇᓕᓕᒫᑦ ᐃᓗᓯᓕᓇᓂᕐᒥ ᐱᒍᑦᔨᓂᕐᓄᑦ ᑲᑎᒪᔨᖕᒋᑦ
ᑮᓇᐅᔭᐃᑦ ᐊᐅᓚᒍᑏᑦ
ᑮᓇᐅᔭᐃᑦ ᐃᑎᕐᑐᑦ ᐊᑐᕐᑕᐅᔪᓐᓗ ᐊᓐᓚᑕᐅᓯᒪᒍᑎᖕᒋᑦ
ᐊᕐᕌᒍ ᐃᓱᓕᑦᑐᖅ ᒫᑦᔨ 31, 2016

	2016 $	2015 $
ᑮᓇᐅᔭᖑᑏᑦ		
ᖃᓄᐃᖕᒋᓯᐊᕐᓂᓕᓇᓂᖅ ᐃᓄᓕᓇᓂᕐᓗ-ᐱᐅᓯᕐᒥᑎᒍᑦ ᐊᐅᓚᒍᑎᖕᒋᑦ	**11 978 884**	13 840 886
ᐃᓐᓗᓂᒃ ᐊᑦᑕᑐᕈᑎᑦ	**457 934**	458 222
ᓄᓇᓕᓕᒫᑎᒍᑦ ᐱᒍᑦᔭᐅᐃᒃ	**323 439**	328 233
ᐊᐅᓚᑦᓯᓂᓕᓇᓂᕐᒍᑦ ᐊᑭᑦ	**207 655**	214 515
ᕿᑐᕐᖕᒋᐊᑦ	**16 757**	8 984
ᐊᓯᖕᒋᑦ ᑮᓇᐅᔭᑦ	**767 419**	746 525
	13 752 088	15 597 365
ᑮᓇᐅᔭᑦ ᓄᑦᑎᑕᐅᓯᒪᔪᑦ - ᐊᕐᕋᒍᑦ ᐱᒋᐊᕐᓂᖕᒐᓂ	**171 040**	402 205
ᑮᓇᐅᔭᑦ ᓄᑦᑎᑕᐅᓯᒪᔪᑦ - ᐊᕐᕋᒍᑦ ᐃᓱᓕᓂᖕᒐᓂ (ᐊᓐᓚᓯᒪᔪᖅ 5 ᐊ))	**(207 640)**	(171 040)
	(36 600)	231 165
	13 715 488	15 828 530
ᑮᓇᐅᔭᕐᑐᕈᑏᑦ		
ᐊᐅᓚᑦᓯᓂᓕᓇᒍᑎᑦ	**10 341 041**	11 353 681
ᓄᓇᓕᒃᓂ ᖃᓄᐃᖕᒋᓯᐊᓂᓕᓇᔨᑦ	**2 120 895**	1 903 522
ᐃᓐᓗᓕᓇᓂᕐᒍᑦ ᐊᑭᓕᕐᑐᐃᒍᑏᑦ	**1 076 483**	1 059 064
	13 538 419	14 316 267
ᑮᓇᐅᔭᕐᑐᓗᐊᕈᑎᐅᓯᒪᔪᖅ (ᖃᖕᒋᐅᑎᒍᑏᑦ) ᑮᓇᐅᔭᖑᑎᓂᑦ	**177 069**	1 512 263

ᓄᓇᕗᒻᒥ ᓄᓇᓕᓕᒫᑦ ᐃᓗᓯᓕᕆᓂᕐᒥ ᐱᒍᑦᑐᓂᕐᓄᑦ ᑲᑎᒪᔨᖕᒋᑦ
ᐊᑯᓐᓂᕐᑐᒥ ᑮᓇᐅᔭᖃᕐᑎᓯᒍᑏᑦ ᐱᐅᒃᑯᑎᓄᑦ - ᑮᓇᐅᔭᓕᕆᒍᑏᑦ ᑲᑎᒍᑎᖕᒋᑦ
ᒫᑦᑐ 31, 2016

	2016 $	2015 $
ᐱᐅᒃᑯᑏᑦ		
ᑮᓇᐅᔭᑐᐃᓐᓂᑦ	**129 075**	268 239
ᑐᓂᕐᑭᓯᐊᑦ ᐃᑎᕆᐊᓖᑦ (ᐊᑦᓚᓯᒪᔪᖅ 3 C))	**10 955 106**	12 581 245
	11 084 181	12 849 484
ᐊᑭᓕᕋᑦᓴᑦ		
ᑮᓇᐅᔭᒃᑯᐃᒻᒥᑦ ᐊᑦᑕᑐᐊᑦ (ᐊᑦᓚᓯᒪᔪᖅ 6)	**5 800 555**	4 507 315
ᐊᑭᓕᑦᓴᑦ ᐊᑭᓕᑦᓴᑖᖑᓯᒪᔪᑦᓗ	**869 717**	2 290 729
ᑐᕋᒪᓕᐅᕐᓯᒪᔪᓂᑦ ᑮᓇᐅᔭᖅᑯᑎᓂᑦ ᐱᔭᐅᒋᐊᓖᑦ (ᐊᑦᓚᓯᒪᔪᖅ 8)	**239**	239
ᐃᖕᒋᕐᓴᑎᑦᓯᒍᑎᓂ ᐱᔭᐅᒋᐊᓖᑦ (ᐊᑦᓚᓯᒪᔪᖅ 8)	**127 501**	126 199
ᑮᓇᐅᔭᖃᕐᑎᓯᓚᐅᕐᑐᕈᑏᑦ	**108 357 175**	72 017 114
ᓴᑐᑏᑦ ᐊᑭᓕᕆᐊᓖᑦ ᒫᓐᓇᐅᑎᑦᓗᒍ ᐅᓄᕐᓂᖕᒋᑦ	**22 534 141**	35 166 813
	137 689 328	114 108 409
ᑲᑎᖕᓂᖕᒐ ᑮᓇᐅᔭᖅᑯᑎᒻᒪᕆᑦ (ᑲᑎᖕᓂᖕᒐ ᐊᑭᓕᑦᓴᑦ)	**(126 605 147)**	(101 258 925)
ᑲᑎᖕᓂᖕᒐ ᑮᓇᐅᔭᖅᑯᑎᒻᒪᕆᑦ		
ᐱᐅᒃᑯᑎᒻᒪᕆᑦ (ᐊᑦᓚᓯᒪᔪᖅ 4)	**12 977 279**	13 667 579
ᓴᓇᓐᑦ ᑲᔪᓯᔪᑦ (ᐊᑦᓚᓯᒪᔪᖅ 10)	**113 627 868**	87 591 346
	126 605 147	101 258 925
ᑮᓇᐅᔭᖅᑯᑏᑦ ᑲᑎᖕᓂᖕᒐ		
ᑮᓇᐅᔭᖅᑯᑏᑦ ᑲᑎᖕᓂᖕᒐ	-	-

ᓄᓇᕗᒃ ᓄᓇᓕᓕᒫᑦ ᐃᓗᓯᓕᓇᓂᕐᒥ ᐱᒍᑦᑐᓂᕐᓄᑦ ᑲᑎᒪᔨᖕᒋᑦ
ᑮᓇᐅᔭᕐᑯᑎᒻᒪᕆᑦ-ᑲᑎᖕᓂᖕᒋᑦᑕ ᐊᑦᓚᑕᐅᓯᒪᒍᑎᖕᒋᑦ
ᐊᕐᕌᒍ ᐃᓱᓕᑦᑐᖅ ᒫᑦᑐ 31, 2016

	2016 $	2015 $
ᑮᓇᐅᔭᕐᑯᑏᑦ - ᐊᕐᕌᒍᑦ ᐱᒋᐊᕐᓂᖕᒐᓂ	-	-
ᑮᓇᐅᔭᕐᑐᓗᐊᕈᑎᐅᓯᒪᔪᖅ (ᖃᖕᒋᐅᑎᒍᑏᑦ) ᑮᓇᐅᔭᕐᑯᑎᓂᑦ	-	-
ᑮᓇᐅᔭᕐᑯᑏᑦ - ᐊᕐᕌᒍᑦ ᐃᓱᓕᓂᖕᒐᓂ	-	-

ᓄᓇᕗᒻᒥ ᓄᓇᓕᓕᒫᑦ ᐃᓗᓯᓕᓇᓂᕐᒥ ᐱᒍᑦᑐᓂᕐᓄᑦ ᑲᑎᒪᔨᖕᒋᑦ
ᐊᑯᓐᓂᕐᑐᒥ ᑮᓇᐅᔭᖃᕐᑎᓯᒍᑏᑦ ᐱᐅᒃᑯᑎᓄᑦ
ᑮᓇᐅᔭᖅᑯᑏᑦ ᑮᓇᐅᔭᕐᑐᕈᑏᑦᓗ ᐊᑦᓚᑕᐅᓯᒪᒍᑎᖕᒋᑦ
ᐊᕐᕌᒍ ᐃᓱᓕᑦᑐᖅ ᒫᑦᑐ 31, 2016

	2016 $	2015 $
ᑮᓇᐅᔭᖅᑯᑏᑦ		
ᖃᓄᐃᖕᒋᓯᐊᓂᓕᓇᓂᖅ ᐃᓄᓕᓇᓂᕐᓗ - ᕿᑐᕐᖕᒋᐊᑦ ᐅᑎᑦᑕᐅᒍᑎᖕᒋᑦ	**1 575 309**	2 106 136
ᐃᓗᓯᓕᓇᓂᖅ ᐃᓄᓕᓇᓂᕐᓗ - ᑮᓇᐅᔭᓕᓇᒍᑏᑦ ᐊᓯᑦᑐᑕᐅᓂᖕᒋᑦ	**(1 817 412)**	(1 687 292)
ᖃᓄᐃᖕᒋᓯᐊᓂᓕᓇᓂᖅ ᐃᓄᓕᓇᓂᕐᓗ - ᑮᓇᐅᔭᖅᑯᑎᒻᒪᕆᑦ ᐅᑎᑦᑕᐅᒍᑎᖕᒋᑦ	**2 724 398**	2 585 969
	2 482 295	3 004 813
ᑮᓇᐅᔭᕐᑐᕈᑏᑦ		
ᕿᑐᕐᖕᒋᐊᖕᒋᑦ	**1 575 309**	2 106 136
ᐱᐅᒃᑯᑎᒻᒪᕆᑦ ᐊᑮᕈᑦᑉᓕᐊᓂᖕᒋᑦ	**906 986**	898 677
	2 482 295	3 004 813
ᑮᓇᐅᔭᕐᑐᓗᐊᕈᑎᐅᓯᒪᔪᑦ (ᖃᖕᒋᐅᑎᒍᑏᑦ) ᑮᓇᐅᔭᖅᑎᓂᑦ	-	-

ᓄᓇᐃᒃ ᓄᓇᓕᓕᒫᑦ ᐃᓗᓯᓕᓇᓂᕐᒥ ᐱᒍᑦᑐᓂᕐᓄᑦ ᑲᑎᒪᔨᖕᒋᑦ
ᑐᕌᒐᓕᐅᕐᓯᒪᔪᑦ ᑮᓇᐅᔭᐃᑦ - ᑮᓇᐅᔭᓕᓇᒍᑏᑦ ᑲᑎᒍᑎᖕᒋᑦ
ᒫᑦᑐ 31, 2016

	2016 $	2015 $
ᐱᐅᒃᑯᑏᑦ		
ᐱᔭᐅᒋᐊᖃᕐᓯᒪᔪᑦ ᐊᑯᓐᓂᕐᑐᒥ ᑮᓇᐅᔭᕐᑯᑎᓂᑦ (ᐊᑦᓚᓯᒪᔪᖅ 8)	**239**	239
ᐃᖕᒋᕐᕋᑎᑦᓯᒍᑎᓂᑦ ᐱᔭᐅᒋᐊᓖᑦ (ᐊᑦᓚᓯᒪᔪᖅ 8)	**5 904 343**	7 844 331
ᑐᓂᕐᕈᓯᐊᑦ ᐃᑎᓇᐊᓖᑦ (ᐊᑦᓚᓯᒪᔪᖅ 3 <))	**100 687 660**	72 160 218
	106 592 242	80 004 788
ᐊᑭᓕᕋᑦᓴᑦ		
ᐊᑭᓕᑦᓴᑦ ᐊᑭᓕᑦᓴᑖᖕᒍᓯᒪᔪᑦᓗ	**100 495 505**	75 836 503
ᑮᓇᐅᕐᑦ ᓄᑦᑎᑕᐅᓯᒪᔪᑦ (ᐊᑦᓚᓯᒪᔪᖅ 5<))	**8 473 835**	7 590 070
	108 969 340	83 426 573
ᑲᑎᖕᓂᖕᒐ ᑮᓇᐅᔭᕐᑯᑎᒻᒪᕆᑦ (ᑲᑎᖕᓂᖕᒐ ᐊᑭᓕᑦᓴᑦ)	**(2 377 098)**	(3 421 785)
ᑮᓇᐅᔭᕐᑯᑏᑦ ᑲᑎᖕᓂᖕᒐ		
ᑮᓇᐅᔭᕐᑯᑏᑦ ᑲᑎᖕᓂᖕᒐ	**(2 377 098)**	(3 421 785)

ᓄᓇᕗᒻᒥ ᓄᓇᓕᓕᒫᑦ ᐃᓗᓯᓕᓇᓂᕐᒥ ᐱᒍᑦᑐᓂᕐᓄᑦ ᑲᑎᒪᔨᖕᒋᑦ
ᑮᓇᐅᔭᐃᑦ ᑐᕋᒪᓕᐅᕐᓯᒪᔪᑦ - ᐅᑯᕈᑎᒌᑦᓯᑎᒃ ᑲᑎᖕᓂᖕᒋᑦᑕ ᑯᖕᓚᑕᐅᓯᒪᒍᑎᖕᒋᑦ
ᑭᖑᒍ ᐃᓱᓕᑦᑐᖅ ᒫᑦᑐ 31, 2016

	ᐱᓇᓱᑦᑕᐅᔪᑦ ᑭᑎᑦᑯᑎᖕᒐ	ᑮᓇᐅᔭᑦ ᑲᑎᖕᓂᖕᒐ ᑭᖑᒍᑦ ᐱᒋᑯᖕᓂᖕᒐ $	ᑮᓇᐅᔭᑦ ᓄᑦᑎᑕᐅᓯᒪᔪᑦ - ᑭᖑᒍᑦ ᐱᒋᑯᖕᓂᖕᒐ $	ᑮᓇᐅᔭᐃᑦ $	ᑮᓇᐅᔭᑦ ᓄᑦᑎᑕᐅᓯᒪᔪᑦ - ᑭᖑᒍᑦ ᐃᓱᓕᓂᖕᒐ (ᑯᖕᓚᓯᒪᔪᖕ 5ᑕ)) $	ᑮᓇᐅᔭᑦᑐᓗᑏᑦ $	ᑮᓇᐅᔭᖕᑎᓯᖕᑲᑎᑭᒍᑏᑦ ᓄᑦᑎᑕᐅᓂᖕᒋᑦ $	ᑮᓇᐅᔭᐃᑦ ᑲᑎᖕᓂᖕᒐ ᑭᖑᒍᑦ ᐃᓱᓕᓂᖕᒐ $
ᑭᐅᓚᑦᓯᓂᓕᓇᒍᑎᑦ								
ᑯᐯᖕᑯᑦ ᑲᑦᒪᖕᒐᑦᑕ ᑮᓇᐅᔭᖕᑲᖕᑎᓯᒍᑎᖕᒋᑦ								
ᐃᑦᓗᓕᐅᖕᓂᖕᑲ	701	-	-	-	-	-	-	-
ᑕᖕᕋᐃᒍᑎᑦ ᑕᓚᐃᖕᑎᒍᖕᑐᑦ	702	-	-	-	-	-	-	-
ᐱᑦᓗᑯᒥᑭᓕᓕᓇᒍᑎᓂᖕ ᐃᓕᖕᓂᑭᑎᑦᓯᒍᑎᑦ	759	-	29 291	-	29 291	-	-	-
ᐅᐃᒪᓇᖕᑐᓕᓇᒍᑎᑦ	998	-	15 365	1 107 700	-	1 224 784	-	(101 719)
ᖃᓇᑕᐅᔭᕈᑎᓂᓕᖕ ᐱᑦᖕᓕᑎᑦᓯᒥᑭᕈᑎᑦ	8860	-	73 212	-	73 212	-	-	-
ᑭᓯᖕᒥᑦ ᑮᓇᐅᔭᖕᑲᖕᑎᑕᐅᒍᑏᑦ								
ᖕᕿᔪᖕᖕ ᓄᓇᕗᖕ - ᑯᐯᖕ ᐱᓇᓱᑭᑦᑕᖕᒐ	826	-	275 899	211 899	146 876	340 922	-	-
ᖃᓂᖕᒪᐅᓂᖕᖕ	8001	-	-	-	-	-	-	-
ᐱᑦᓗᑯᒥᑭᓕᓕᓇᕗᖕ	8840	-	-	72 394	-	90 492	18 098	-
ᓄᓇᓕᓕᒪᑎᒍᑦ ᑭᐅᓚᑦᓯᓂᓕᓇᒍᑎᑦ	8891-92	-	101 946	329 028	337 624	133 103	39 753	-
		-	495 713	1 721 021	587 003	1 789 301	57 851	(101 719)
ᓄᓇᓕᓕᒪᑎᒍᑦ ᐱᓇᓱᑦᑐᓕᓇᓂᕐᒥᖕ ᐱᕈᖕᐸᓕᑭᑎᑦᓯᓂᖕ								
ᑯᐯᖕᑯᑦ ᑲᑦᒪᖕᒐᑦᑕ ᑮᓇᐅᔭᖕᑲᖕᑎᓯᒍᑎᖕᒋᑦ								
ᐃᓄᐃᑦ ᐅᖕᑲᐅᓯᖕᓂᖕ ᑭᖕᓂᑭᓯᐅᖕᓂᒍᓕᖕᒐᔪᓂᖕ ᐃᓕᖕᓂᑭᑎᑕᐅᒍᑎᖕᒋᑦ	8022	-	91 261	-	91 261	-	-	-
ᐅᐃᒪᖕᑐᓕᓇᕈᑦ ᐱᓇᓱᑭᖕᓂᖕᒐ	8026	(37 082)	-	-	-	-	-	(37 082)
ᐱᓇᓱᑭᖕᑎᒥᖕᓂᒍᑦ ᐸᖕᓇᕈᑎᑦ	8032	-	150 000	-	110 145	39 855	-	-
ᐱᓇᓱᑦᑎᐅᒥᐅᖕᖕᖕᑐᑦ ᐱᓇᓱᒍᑎᖕᒋᑦ	8033	-	112 500	-	112 500	-	-	-
ᑲᑦᒪᑐᖕᑲᖕᑯᑦ ᑮᓇᐅᔭᖕᑲᖕᑎᓯᒍᑎᖕᒋᑦ								
ᓄᓇᖕᖕᑲᓯᒪᔪᑦ ᐃᓗᓯᓕᓇᓂᕐᒥᖕ ᐱᓇᓱᑭᖕᑎᓯᒍᑎᖕᒋᑦ	811	(216 848)	-	-	-	-	-	(216 848)
ᑭᓯᖕᒥᑦ ᑮᓇᐅᔭᖕᑲᖕᑎᑕᐅᒍᑏᑦ								
ᐱᕈᐃᓐᓈᖕᖕᑕᐅᔪᓕᓇᒍᑎᑦ	825	-	55 024	147 900	102 471	100 453	-	-
ᐃᓄᐃᑦ ᑭᐅᓚᑦᓯᓂᓕᓇᓂᕐᒥᖕ ᐱᒋᐅᖕᖕᖕᖕᐅᓂᖕᖕ	8025	-	730 495	-	724 805	5 690	-	-
		(253 930)	1 139 280	147 900	1 141 182	145 998	-	(253 930)

ᓄᓇᐃᒃ ᓄᓇᓕᓕᒫᑦ ᐃᓗᓯᓕᓇᓂᕐᒥ ᐱᒍᑦᑭᓂᕐᓄᑦ ᑲᑎᒪᔨᖕᒋᑦ
ᑮᓇᐅᔭᐃᑦ ᑐᕋᒪᓕᐅᕐᓯᒪᔪᑦ - ᐅᑯᕈᑎᒋᑦᓱᑎᒃ ᑲᑎᖕᓂᖕᒋᑦᑕ ᑯᖕᓚᑕᐅᓯᒪᒍᑎᖕᒋᑦ
ᑯᖕᕋᒍ ᐃᓱᓕᑦᑐᖅ ᒫᑦᑭ 31, 2016

	ᐱᓇᓱᑦᑕᐅᔪᑦ ᑭᑎᑦᔪᑎᖕᒐ	ᑮᓇᐅᔭᑦ ᑲᑎᖕᓂᖕᒐ ᑯᖕᕋᒍᑦ ᐱᒋᑯᖕᓂᖕᒐᓂ $	ᑮᓇᐅᔭᑦ ᓄᑦᑎᑕᐅᓯᒪᔪᑦ - ᑯᖕᕋᒍᑦ ᐱᒋᑯᖕᓂᖕᒐᓂ $	ᑮᓇᐅᔭᐃᑦ $	ᑮᓇᐅᔭᑦ ᓄᑦᑎᑕᐅᓯᒪᔪᑦ - ᑯᖕᕋᒍᑦ ᐃᓱᓕᓂᖕᒐᓂ (ᑯᖕᓚᓯᒪᔪᖅ 5C)) $	ᑮᓇᐅᔭᑦᑐᓱᑎᑦ $	ᑮᓇᐅᔭᖕᑎᓯᖕᑎᑎᓯᒍᑎᑦ ᓄᑦᑎᑕᐅᓂᖕᑦ $	ᑮᓇᐅᔭᐃᑦ ᑲᑎᖕᓂᖕᒐ ᑯᖕᕋᒍᑦ ᐃᓱᓕᓂᖕᒐᓂ $
ᐃᓄᐃᑦ ᐱᒻᒪᕆᐅᔪᓂᑎᖕᒋᑦ								
ᑯᐯᖕᑯᑦ ᑲᑦᒪᖕᒐᑦᑕ ᑮᓇᐅᔭᖕᑲᖕᑎᓯᒍᑎᖕᒋᑦ								
ᑭᐅᓚᑦᓯᓂᓕᕆᔨᑦ ᐱᒥᐅᖕᖕᔭᐅᓂᖕᒐᑦ	610	-	120 518	25 480	144 640	1 358	-	-
ᐃᖕᓂᓱᑦᑎᓱᔨᖕᑲᓱᑎᑦ	901	-	2 428	-	-	2 428	-	-
ᓄᓇᓕᒪᑎᒍᑦ ᐃᖕᓂᓱᑦᑎᓯᔨᑦ	8016	-	75 826	-	-	78 673	-	(2 847)
ᑲᑦᒪᑐᖕᑲᖕᑯᑦ ᑮᓇᐅᔭᖕᑲᖕᑎᓯᒍᑎᖕᒋᑦ								
ᓯᑐᓂᖕᖕᓯᑯᖕᒍᓂᖕᖕᒍᑦ ᑐᕋᖕᓂᖅ	699	-	-	1 128 304	-	1 128 304	-	-
ᐃᓕᖕᓂᑭᓇᑭᖕᑎᑕᐅᖕᑦᑕᓯᒪᔪᑦ ᑭᖕᓄᑦ	819	-	-	488 580	-	488 580	-	-
ᑭᓯᖕᑦ ᑮᓇᐅᔭᖕᑲᖕᑎᑕᐅᒍᑏᑦ								
ᓄᓇᓕᑐᖕᑦᖕᖕᑦ ᒪᒥᖕᖕᓂᒍᑦ ᑐᖕᖕᒪᐃᖕᑲᖕᐃᖕᒪᑦ	800	-	-	-	-	-	-	-
ᐃᓄᐃᑦ ᑕᐱᔨᑦ ᑲᓇᑕᒥ - ᓄᓇᓕᒪᑎᒍᑦ ᐱᓂᑭᖕᓂᖕᖕᐅᑎᖕᒋᑦ	804	-	-	-	-	-	-	-
ᒪᑭᖕᑦ ᐃᓕᖕᓂᑭᐃᖕᔪᑭᖕᒐᑦ ᐃᓄᓕᓇᔨᐅᓂᖕᒥᑦ ᐱᓇᓱᑭᖕᑎᓯᒍᑎᖕᒋᑦ	815	-	38 073	-	38 073	-	-	-
		-	236 845	1 642 364	182 713	1 699 343	-	(2 847)
ᓄᓇᐃᑦ ᓯᓚᑕᓂ ᐱᒍᑦᑭᒍᑎᑦ								
ᑯᐯᖕᑯᑦ ᑲᑦᒪᖕᒐᑦᑕ ᑮᓇᐅᔭᖕᑲᖕᑎᓯᒍᑎᖕᒋᑦ								
ᐃᖕᒪᖕᑲᐅᑎᓗᑦ ᐃᖕᒪᖕᑲᐅᑎᖕᑲᖕᖕᒋᑐᖕᓗ ᐃᓗᓯᓕᓇᓂᖕᑦᑎᒍᑦ	938	-	-	46 213 651	-	46 213 651	-	-
ᐃᖕᒪᖕᑲᐅᑎᓗᑦ ᐃᖕᒪᖕᑲᐅᑎᖕᑲᖕᖕᒋᑐᖕᓗ ᐃᓗᓯᓕᓇᓂᖕᑦᑎᒍᑦ	939	(200 277)	-	348 251	-	486 519	-	(338 545)
		(200 277)	-	46 561 902	-	46 700 170	-	(338 545)
ᐃᓄᓕᒪᓂᖕ ᖃᓄᐃᖕᖕᒋᓯᑯᖕᓂᓕᓇᓂᖅ								
ᑯᐯᖕᑯᑦ ᑲᑦᒪᖕᒐᑦᑕ ᑮᓇᐅᔭᖕᑲᖕᑎᓯᒍᑎᖕᒋᑦ								
ᓱᖕᑯᓇᖕᑐᓂᖕ ᖃᐅᔨᖕᖕᓱᑎᑦ	690	-	876 342	1 900 000	2 762 052	14 290	-	-
ᑐᐸᑭᑦ ᓱᖕᑯᓇᖕᓂᖕᒐᓄᑦ ᐱᓇᓱᑭᑎᑦ	913	-	-	-	-	-	-	-
ᓂᖕᑭᓂᖕ ᑭᑦᑕᓇᖕᑎᓱᑦᑕᓕᓂᖕᖕᒍᑦ ᐱᓇᓱᑭᑦᑕᐅᔪᑦ	915	-	8 989	-	-	18 442	-	(9 453)
ᑭᒪᒪᖕᑦ ᑭᖕᑭᑕᐅᖕᖕᑲᖕᖕᖕᒋᑐᖕᑲᖕᓂᒥᖕ ᑲᒪᒍᑎᑦ	916	-	-	-	-	-	-	-

ᓄᓇᕗᒃ ᓄᓇᓕᓕᒫᑦ ᐃᓗᓯᓕᓇᓂᕐᒥ ᐱᒍᑦᑐᓂᕐᓄᑦ ᑲᑎᒪᔨᖕᒋᑦ
ᑭᓇᐅᔭᐃᑦ ᑐᕋᒐᓕᐅᕐᓯᒪᔪᑦ - ᐅᐊᕈᑎᒋᑦᓱᑎᒃ ᑲᑎᖕᓂᖕᒋᑦᑕ ᐊᓪᓚᑕᐅᓯᒪᒍᑎᖕᒋᑦ
ᐊᕐᕋᒍ ᐃᓱᓕᑦᑐᖅ ᒫᑦᑐ 31, 2016

	ᐱᓇᓱᐊᑦᑕᐅᔪᑦ ᑭᑎᑦᔪᑎᖕᒐ	ᑭᓇᐅᔭᑦ ᑲᑎᖕᓂᖕᒐ ᐊᕐᕌᒍᑦ ᐱᒋᐊᖕᓂᖕᒐᓂ $	ᑭᓇᐅᔭᑦ ᓄᑦᑎᑕᐅᓯᒪᔪᑦ - ᐊᕐᕌᒍᑦ ᐱᒋᐊᖕᓂᖕᒐᓂ $	ᑭᓇᐅᔭᐃᑦ $	ᑭᓇᐅᔭᑦ ᓄᑦᑎᑕᐅᓯᒪᔪᑦ - ᐊᕐᕌᒍᑦ ᐃᓱᓕᓂᖕᒐᓂ (ᐊᓪᓚᓯᒪᔪᖅ 5ᑕ)) $	ᑭᓇᐅᔭᖕᑐᓯᕗᑦ $	ᑭᓇᐅᔭᖕᑎᓯᖕᑲᑎᒋᒍᑎᑦ ᓄᑦᑎᑕᐅᓂᖕᒋᑦ $	ᑭᓇᐅᔭᐃᑦ ᑲᑎᖕᓂᖕᒐ ᐊᕐᕌᒍᑦ ᐃᓱᓕᓂᖕᒐᓂ $
ᐃᓄᓕᒪᓂᒃ ᖃᓄᐃᖕᖕᒋᓱᐊᖕᓂᓕᓇᓂᖅ (ᑲᔪᓯᔪᖅ)								
ᑯᐯᒃᑯᑦ ᑲᑦᒪᖕᒐᑦᑕ ᑭᓇᐅᔭᖕᑲᖕᑎᓯᒍᑎᖕᒋᑦ (ᑲᔪᓯᔪᖅ)								
ᑯᐯᒃᒥ ᑐᑉᑭᖕᖃᖕᑎᓯᒪᓯᐊᕈᑎᑦ	926	-	25 335	1 400	10 815	15 920	-	-
ᖃᐅᓂᓇᓂᖅ ᓄᑭᓕᓇᓂᖅ	931	-	111 292	-	29 828	81 464	-	-
ᐱᓇᓱᐊᑎᓯᒍᑎᑦ ᐱᐊᕐᕋᖕᓚᓐᓂᒃ ᐅᑭᐅᑭᓐᓂᖕᖃᓂᑦᓗ	933	-	9 788	-	8 217	1 571	-	-
ᖃᐅᔨᖕᖃᓂᖅ ᑭᒍᑎᒥᓂᒃ ᑲᒪᑦᓯᐊᓂᖕᒥᒃ	934	-	162 560	-	162 560	-	-	-
ᐃᖕᑉᑎᑦᓯᒐᓕᓂᖅ ᐳᕝᑦᓗᑐᓕᓇᓂᖕᑦᓗ	935	-	97 843	-	95 093	2 750	-	-
ᓄᓇᓕᒫᒥ ᐱᓇᓱᐊᖕᐃᐅᔪᓂᒃ ᐊᑕᐅᑦᓯᐊᖕᑎᓯᔨᑦ	936	-	94 289	-	94 289	-	-	-
ᐊᖕᖕᐱ ᓄᓕᐊᖕᓂᑯᓐᓗ ᐊᓐᓂᐊᑕᓇᖕᐅᒍᓐᓇᑐᑦ	956	(114 510)	-	-	-	34 728	-	(149 238)
ᑎᖕᒍᑦᓗᓇᖅ	959	-	6 159	-	6 089	70	-	-
ᖃᓂᒪᖕᓛᓐᓇᓱᑦ	960	-	-	-	-	-	-	-
ᖃᐅᔨᖕᓯᕈᑎᑦ ᐊᓐᓂᐊᑕᓇᖕᐅᓯᓂᒃ ᐊᐅᑦᑎᒍᑦ	968	-	179 343	-	130 000	49 343	-	-
ᓄᓇᕗᖕᒥ ᐊᓂᖕᖕᐅᔪᖅ ᐊᓂᖕᓂᖕᖃᑦᓯᐊᕈᑎᖕᒋᑦ	8017	-	13 410	-	13 410	-	-	-
ᐊᐅᓚᑦᓯᖕᒍᑎᑦ ᐊᑭᖕᒋᑦ	8019	-	14 000	-	14 000	-	-	-
ᐊᑕᑎᒍᓕᖕᒐᔪᓂᒃ ᐃᓗᓯᓕᓇᓂᖅ	8024	-	125 000	-	125 000	-	-	-
ᐊᑦᑐᔭᖕᓗᓐᓂᖅ ᐊᑦᑐᔭᖕᓂᓯᐊᖅ	8030	-	65 023	205 000	3 177	266 846	-	-
ᐃᓕᓐᓂᐊᑎᑦᓯᒍᑎᖕᖃᖕᓂᖅ ᓄᓕᐊᖕᓂᑯᑦ ᐱᐅᓯᑦᓯᐊᖕᖕᒍᒍᓐᓇᑐᓂᒃ	8031	-	-	-	-	-	-	-
ᑲᑦᒪᑐᖕᖃᒃᑯᑦ ᑭᓇᐅᔭᖕᖃᖕᑎᓯᒍᑎᖕᒋᑦ								
ᐃᓗᓯᓕᓇᔨᑦ ᖃᐅᔨᒥᐊᖕᐃᖕᒋᑦ	600	-	-	-	-	-	-	-
ᓂᕿᑦᓯᐊᓂᒃ ᐃᓕᓐᓂᐊᑎᑦᓯᒍᑎᑦ	614	-	15 743	58 917	11 551	63 109	-	-
ᑲᑦᒪᑐᖕᖃᒃᑯᓂ ᑐᑉᑭᓕᓇᓂᖅ	631	-	-	-	-	-	-	-
ᐱᐊᕐᕋᖕᐅᓯᑎᒃ ᐃᒥᐊᓗᒍᑕᐅᓕᓐᑦ	634	-	-	286 116	-	286 116	-	-
ᐊᐅᒃᑯᑦ ᐱᑕᑦᖕᖃᓗᐊᖕᓂᖅ	693	-	183 679	588 188	183 679	588 188	-	-
ᓂᕿᓕᓇᒍᑎᑦ	696	-	31 039	347 087	1 364	376 762	-	-
ᓄᓇᖕᖕᑲᓯᒪᔪᑦ ᐃᓗᓯᓕᓇᓂᖕᒥᒃ ᐃᓕᓐᓂᐊᐃᓐᓂ ᐱᓇᓱᐊᖕᓂᖕᒐ	809	-	4 410	-	4 410	-	-	-
ᑲᓇᑕᐅᑦ ᑕᖕᖕᒐᓂ ᓂᕿᑦᓯᐊᓕᓇᒍᑎᑦ	820	-	-	469 823	-	469 823	-	-
ᑐᖕᐅᒪᖕᑎᒥᓐᓂᒍᑦ ᑕᖕᓇᓱᒪᐅᑎᑦ	821	-	6 052	-	6 052	-	-	-
ᑲᑦᒪᑐᖕᖃᒃᑯᑎᒍᑦ ᐱᓇᓱᐊᖕᑕᐅᔪᑦ ᓱᐳᕈᓯᔭᖕᑎᓯᑦᑐᓕᓂᖕᑦᒍᑦ ᓄᓇᕗᖕᒥ	827	-	-	654	-	654	-	-
ᐳᕝᑦᓗᓇᐅᑦ ᐃᖕᑉᓂᖕᒐ	937	-	-	86 975	7 158	79 817	-	-

ᓄᓇᕗᒻᒥ ᓄᓇᓕᓕᒫᑦ ᐃᓗᓯᓕᓇᓂᕐᒥ ᐱᒍᑦᑭᓂᕐᓄᑦ ᑲᑎᒪᔨᖕᒋᑦ
ᑮᓇᐅᔭᐃᑦ ᑐᕋᒪᓕᐅᕐᓯᒪᔪᑦ - ᐅᐊᕈᑎᒋᑦᓱᑎᒃ ᑲᑎᖕᓂᖕᒋᑦᑕ ᐊᓪᓚᑕᐅᓯᒪᒍᑎᖕᒋᑦ
ᐊᕐᕌᒍ ᐃᓱᓕᑦᑐᖅ ᒫᑦᔨ 31, 2016

	ᐱᓇᓱᐊᑦᑕᐅᔪᑦ ᑭᑎᑦᔪᑎᖓ	ᑮᓇᐅᔭᑦ ᑲᑎᖕᓂᖓ ᐊᕐᕌᒍᑦ ᐱᒋᐊᖕᓂᖓᓂ $	ᑮᓇᐅᔭᑦ ᓄᑦᑎᑕᐅᓯᒪᔪᑦ - ᐊᕐᕌᒍᑦ ᐱᒋᐊᖕᓂᖓᓂ $	ᑮᓇᐅᔭᐃᑦ $	ᑮᓇᐅᔭᑦ ᓄᑦᑎᑕᐅᓯᒪᔪᑦ - ᐊᕐᕌᒍᑦ ᐃᓱᓕᓂᖓᓂ (ᐊᓪᓚᓯᒪᔪᖅ 5C)) $	ᑮᓇᐅᔭᑦᑐᕈᑏᑦ $	ᑮᓇᐅᔭᖕᑎᓱᖕᑲᑎᑮᒍᑏᑦ ᓄᑦᑎᑕᐅᓂᖕᒋᑦ $	ᑮᓇᐅᔭᐃᑦ ᑲᑎᖕᓂᖓ ᐊᕐᕌᒍᑦ ᐃᓱᓕᓂᖓᓂ $
ᐃᓄᓕᒪᓂᒃ ᖃᓄᐃᖕᖕᒋᓱᐊᕐᓂᓕᓇᓂᖅ (ᑲᔪᓯᔪᖅ)								
ᐊᓯᖕᒋᑦ ᑮᓇᐅᔭᖕᖕᑎᑕᐅᒍᑏᑦ								
ᐊᓐᓂᐊᒐᓕᒪᓂᖅ ᐊᑦᑕᓇᕐᑐᒥᑦᒐᓕᓂᕐᓗ	611	-	15 916	479 091	24 899	470 108	-	-
ᑭᓄᑯᐯᒃ	612	-	183 908	48 632	202 050	30 490	-	-
ᐊᓐᓂᒐᓕᒪᑎᑦᓯᓂᕐᒥᒃ ᖃᐅᔨᓴᕈᑎᑦ	655	-	4 915	-	2 539	2 376	-	-
ᑲᐳᑎ ᐱᓗᕐᑐᓂᕐᐸᓂᑦ ᑕᓪᓕᒪᓂ ᐃᓕᓐᓂᐊᑐᓄᑦ	660	(197 769)	-	7 000	-	55 772	-	(246 541)
ᐅᑭᐅᑦᑕᑐᒥ ᐱᓇᓱᐊᑦᑕᐅᔪᑦ	668	-	9 457	-	9 457	-	-	-
ᑭᒍᑎᓕᓇᔭᐅᓂᖕᒋᑦ ᐳᒃᑭᓂᕐᓴᒥ ᐃᓕᓐᓂᐊᑐᑦ	803	-	8 529	-	8 529	-	-	-
ᐊᓪᓚᓂᐊᓇᐅᕐᓴᓂᖅ - ᖃᓄᖅ ᓄᕐᖃᓂᕐᒪᖔᑦᒪᖕ	805	-	43 010	-	43 010	-	-	-
		(312 279)	2 296 031	4 478 883	3 959 228	2 908 639	-	(405 232)
ᐊᑐᐃᓐᓇᕈᕐᑎᓂᖅ ᐱᓇᓱᒍᑎᓕᐅᕐᓂᓗ								
ᑯᐯᖕᑯᑦ ᑲᑦᒪᖔᑦᑕ ᑮᓇᐅᔭᖕᖕᑎᓱᒍᑎᖕᒋᑦ								
ᐃᕐᕋᕕᓕᓇᒍᑎᑦ ᓄᑕᐅᓯᓕᕐᑕᐅᒍᑎᖕᒋᑦ	682	-	-	-	-	5 623	-	(5 623)
ᐱᓇᓱᐊᕈᑎᑦ ᐱᑐᖅᑎᒥᓂᒍᑦ	683	-	170 000	-	25 182	144 818	-	-
ᐊᓐᓂᐊᓯᐅᕐᓂᓕᓇᓂᕐᒍᑦ ᑲᑎᒪᓂᒃᒪᓇᒃ	684	-	-	-	25 000	-	25 000	-
ᐊᓐᓂᐊᓯᐅᕐᑎᒪᕕᑦ ᑭᑭᐅᕐᑕᑐᒥ ᐱᓇᓱᑎᐅᓂᕐᒍᑦ ᐱᒋᐅᕐᕐᔭᐅᓂᖕᒪ	685	-	-	212 631	134 517	78 114	-	-
ᐊᓐᐊᓂᓯᐅᓇᒋᐅᕐᕐᓯᑎᑦ - ᐱᕐᑯᔭᓄᓕᖕᒪᔪᓂᒃ	790	-	101 620	-	99 690	1 930	-	-
ᐊᕐᓂᑦ ᐃᓗᓯᓕᓇᔭᐅᓂᖕᒋᓐᓄᑦ ᐱᓇᓱᐊᕈᑎᑦ	791	-	21 399	-	21 399	-	-	-
ᐊᓯᐅᓯᒪᔪᑦ ᐃᓄᐊᑦᑕᐅᓯᒪᔪᓪᓗ ᐊᕐᓂᑦ	795	-	-	-	-	1 717	-	(1 717)
ᐅᑦᓗᓇᐊᑦ ᐅᐃᒍᖕᒪ	823	(211 250)	-	-	-	30 019	-	(241 269)
ᓱᕈᓯᖕᑲᐅᑎᒃ	824	(419 728)	-	1 126 835	-	1 100 903	-	(393 796)
ᐃᓕᔭᒍᑎᑦ ᐱᒋᐅᕐᕐᑎᑦᓯᒍᑎᓪᓗ	920-921-923	-	675 288	629 598	-	600 967	(703 919)	-
ᓱᓚᒐᓂ ᐊᓂᕐᕐᑭᔪᑦ	922	(627 453)	-	-	-	-	627 453	-
ᐊᑐᓚᑦᓯᓂᓕᓇᔭᐅᒋᐅᕐᕐᓯᑎᑦ - ᐃᓄᑐᐃᓐᓇᓂᒃ	924	-	-	3 426	-	3 426	-	-
ᐊᓐᓂᐊᔪᒪᓇᓕᓇᔭᑦ	925	-	73 000	-	73 000	-	-	-
ᐃᕐᖃᒪᓕᓇᔭᑦ	928	(7 437)	-	107 437	100 000	-	-	-
ᓄᓇᓕᒪᑎᒍᑦ ᐱᓗᑲᑦᑎᓱᑦᑕᓕᓂᕐᒍᑦ ᑲᑎᖕᖕᒪᔭᑦ	932	-	37 594	52 000	60 741	28 853	-	-
ᓘ$- ᐊᓯᖕᒋᑦ ᑭᑭᐅᔭᓯᓯᑏᑦ	940	-	-	-	47 087	4 379	51 466	-
ᐊᕐᕿᑕᐅᒍᓐᓇᖕᒋᑦᑐᑦ	962	-	31 566	-	21 674	9 892	-	-

ᓄᓇᕗᒻᒥ ᓄᓇᓕᓕᒫᑦ ᐃᓗᓯᓕᓇᓂᕐᒥ ᐱᒍᑦᑐᓂᕐᓄᑦ ᑲᑎᒪᔨᖏᑦ
ᑮᓇᐅᔭᐃᑦ ᑐᕋᒐᓕᐅᕐᓯᒪᔪᑦ - ᐅᐊᕈᑎᒋᑦᓱᑎᒃ ᑲᑎᖕᓂᖏᑦᑕ ᐊᓪᓚᑕᐅᓯᒪᒍᑎᖏᑦ
ᐊᕐᕌᒍ ᐃᓱᓕᑦᑐᖅ ᒫᑦᑕ 31, 2016

	ᐱᓇᓱᐊᑦᑕᐅᔪᑦ ᑭᑎᑦᔪᑎᖓ	ᑮᓇᐅᕐᑦ ᑲᑎᖕᓂᖓ ᐊᕐᕋᒍᑦ ᐱᒋᐊᕐᓂᖓᓂ $	ᑮᓇᐅᕐᑦ ᓄᑦᑎᑕᐅᓯᒪᔪᑦ - ᐊᕐᕋᒍᑦ ᐱᒋᐊᕐᓂᖓᓂ $	ᑮᓇᐅᔭᐃᑦ $	ᑮᓇᐅᕐᑦ ᓄᑦᑎᑕᐅᓯᒪᔪᑦ - ᐊᕐᕋᒍᑦ ᐃᓱᓕᓂᖓᓂ (ᐊᓪᓚᓯᒪᔪᖅ 5<)) $	ᑮᓇᐅᔭᖅᑐᕈᑏᑦ $	ᑮᓇᐅᔭᖅᑎᓱᖅᑲᑎᒌᒍᑏᑦ ᓄᑦᑎᑕᐅᓂᖏᑦ $	ᑮᓇᐅᔭᐃᑦ ᑲᑎᖕᓂᖓ ᐊᕐᕋᒍᑦ ᐃᓱᓕᓂᖓᓂ $
ᐊᑐᐃᓐᓇᕈᑦᑎᓂᖅ ᐱᓇᓱᒍᑎᓕᐅᕐᓂᓗ (ᑲᔪᓯᔪᖅ)								
ᑯᐯᖑᑦ ᑲᑭᒪᖓᑦᑕ ᑮᓇᐅᔭᖅᑐᑎᓱᒍᑎᖏᑦ (ᑲᔪᓯᔪᖅ)								
ᐃᓄᑐᖅᑐᓂᒃ ᐱᒍᑦᔨᒍᑎᑦ	964	-	115 527	-	106 776	8 751	-	-
ᐃᓱᒪᓕᓇᔨᓄᑦ ᐃᓄᓕᓇᔨᒍᑦ ᐃᑲᔪᑦᑕᐅᒍᑎᑦ	965	-	50 000	-	50 000	-	-	-
ᐊᓐᓂᐊᓱᐅᑦᑎᐅᒋᐅᑦᓴᔪᑦ - ᐃᑲᔪᑦᑎᐅᒋᐅᑦᓴᓂᖅ (977)	977	-	-	-	-	-	-	-
ᐃᓪᒥᓂᐊᑦᑎᓱᑦᑐᓕᒪᓂᖅ	8006	-	148 706	-	148 706	-	-	-
ᐊᑦᓂᑦ ᐱᓗᑲᑦᑕᐅᖃᑦᑕᓂᖏᑦ	8007	-	180 338	-	152 240	28 098	-	-
ᓄᓇᓕᒃᓂ ᑎᒥᐅᔪᑦ - ᐱᒋᐅᑦᓴᑎᑦᓱᓂᖅ	8008	-	116 639	24 497	91 056	50 080	-	-
ᐃᒪᓕᓇᓂᖅ - ᓴᓗᒃᒥᒍᑎᑦ ᐊᓐᓂᐊᓱᐅᑦᑕᐅᒍᑎᓂᒃ	8009	-	-	-	-	-	-	-
ᐃᓪᒥᓂᐊᑦᑎᓱᑦᑐᓕᓂᖅ - ᓄᓇᓕᓕᒪᑎᒍᑦ ᐸᑦᓇᓱᒪᒍᑎᑦ	8010	-	270 405	-	198 210	72 195	-	-
ᐊᒪᒪᒥᒍᑦ ᐊᓐᓂᐊᓛᑦ- ᓴᓗᒃᒥᔭᐅᒍᑎᖏᑦ ᐃᑲᔪᑦᑕᐅᒍᑎᖏᑦ	8011	-	2 335	-	1 533	802	-	-
ᐃᓄᑐᖅᑐᓂᒃ ᐱᑦᔪᔨᒍᑎᑦ	8012	-	-	-	-	-	-	-
ᐱᒋᐅᑦᓴᑎᑦᓱᓂᖅ - ᐱᓇᓱᑦᑎᓂᒃ	8013	-	-	-	-	-	-	-
ᐃᑦᓱᒍᑦᓂᑯᑦ ᐸᕐᕕᓴᑦᑕᐅᑎᑦᓱᒋᒃᑯᑎᑦ	8015	-	31 285	-	-	44 725	-	(13 440)
ᐅᐃᓇᒪᓂᑦᔫᑎᖃᑦᓂᖅ	8020	(305 820)	-	32 842	-	24 996	-	(297 974)
ᐅᐃᑦᒪᖓᔪᓂᑦᓗ ᐱᓇᓱᐊᑦᓂᒍᑦ	8021	-	56 505	-	54 143	2 362	-	-
ᐃᓄᑐᖅᑦ ᐱᓗᑲᑦᑕᐅᒋᒃᑯᑎᖏᑦ	8023	(130 250)	-	108 409	-	90 485	-	(112 326)
ᓴᓗᒃᒥᓂᑦᒍᑦ ᐱᓇᓱᐊᕈᑎᑦ	8027	-	108 244	-	105 272	2 972	-	-
ᐃᑲᔪᑦᓱᒪᒍᑎᑦᓴᓴᑦ	8028	-	37 000	-	14 464	22 536	-	-
ᐊᖑᒍᑎᓄᑦ ᐱᒍᑦᔨᒍᑎᑦ	8029	-	45 770	-	45 770	-	-	-
ᐊᔪᕿᒋᐊᑦᑎᑦ ᑲᑎᖕᖓᔨᖏᑦ - ᐱᕕᔭᖅ 21	9009	-	85 898	-	72 883	13 015	-	-
ᐅᐃᒃᖑᑦ ᒪᓕᒪᖏᑦ 19 - ᐃᓄᐃᓐᓗ ᐱᑦᒪᓇᐅᔪᕿᑎᖏᑦ ᐱᕐᖑᓯᖏᑦᓗ	9010	-	120 000	-	120 000	-	-	-
ᖃᐅᔨᒪᔪᒻᒪᕐᑦ ᑲᑎᖕᖓᔨᑦ ᒃ ᐊᓐᓂᐊᓱᐅᕈᑎᑦ	9012	-	76 052	-	72 836	3 216	-	-
ᐱᒋᐅᑦᓴᑎᑦᓱᒍᑎᑦ ᑲᑦᐱᐊᓇᑦᑐᓱᐅᑦᑐᖃᓕᑦᑦ ᑲᒪᒐᔭᑦᑐᓂᒃ	9052	-	130 903	-	130 903	-	-	-
ᐃᓱᒪᒃᑯᑦ ᐃᓗᓯᖃᑦᓱᐊᓇᐊᖃᑦᓂᓄᑦ	9053	-	74 297	-	74 297	-	-	-
ᐃᓱᒪᒃᑯᑦ ᐃᓗᓯᑦᓗᑐᓄᑦ ᑲᑎᒪᔨᑦ	9077	-	-	-	-	-	-	-
ᐊᓐᓂᐊᕕᐊᕈᓂᖅᓴᑦ - ᐱᓇᓱᐊᕈᑎᑦᓴᑦ ᐸᕐᓇᑕᐅᓯᒪᒍᑎᖏᑦ	9079	-	2 428	-	2 428	-	-	-
ᐱᕈᑦᐸᓕᐊᓂᑦᒥᒍᑦ ᐱᓂᓗᑕᓛᑦ - ᓄᓇᓕᑦᑎᒍᑦ ᑲᑎᖕᖓᔨᑦ	9080	-	10 564	-	10 564	-	-	-
ᐃᓱᒪᒥᒍᑦ ᐱᓂᓗᑕᓛᑦ - ᖃᐅᔨᓴᑦᑕᐅᒍᑎᖏᑦ	9081	-	208 535	-	208 535	-	-	-
ᑐᓱᓚᑦᑐᓂᒃ ᐃᑲᔪᕈᑎᑦ	9083	-	35 000	-	2 339	32 661	-	-
ᐅᐃᓇᒪᓂᑦᔫᑎᖃᑦᑐᓄᑦ ᐱᒍᑦᔨᒍᑎᑦ	9084	-	90 000	-	15 234	74 766	-	-

ᓄᓇᐃᒃ ᓄᓇᓕᓕᒫᑦ ᐃᓗᓯᓕᓇᓂᕐᒥ ᐱᒍᑦᑭᓂᕐᓄᑦ ᑲᑎᒪᔨᖕᒋᑦ
ᑮᓇᐅᔭᐃᑦ ᑐᕋᒐᓕᐅᕐᓯᒪᔪᑦ - ᐅᐊᕈᑎᒋᑦᓱᑎᒃ ᑲᑎᖕᓂᖕᒋᑦᑕ ᐊᓪᓚᑕᐅᓯᒪᒍᑎᖕᒋᑦ
ᐊᕐᕌᒍ ᐃᓱᓕᑦᑐᖅ ᒫᑦᔨ 31, 2016

	ᐱᓇᓱᐊᑦᑕᐅᔫᑦ ᑭᑎᑦᔪᑎᖓ	ᑮᓇᐅᔭᑦ ᑲᑎᖕᓂᖓ ᐊᕐᕌᒍᑦ ᐱᒋᐊᖕᓂᖓᓂ $	ᑮᓇᐅᔭᑦ ᓄᑦᑎᑕᐅᓯᒪᔪᑦ - ᐊᕐᕌᒍᑦ ᐱᒋᐊᖕᓂᖓᓂ $	ᑮᓇᐅᔭᐃᑦ $	ᑮᓇᐅᔭᑦ ᓄᑦᑎᑕᐅᓯᒪᔪᑦ - ᐊᕐᕌᒍᑦ ᐃᓱᓕᓂᖓᓂ (ᐊᓪᓚᓯᒪᔪᖅ 5<)) $	ᑮᓇᐅᔭᑦᑐᕈᑏᑦ $	ᑮᓇᐅᔭᖅᑎᓱᖅᑎᑏᒍᑏᑦ ᓄᑦᑎᑕᐅᓂᖕᒋᑦ $	ᑮᓇᐅᔭᐃᑦ ᑲᑎᖕᓂᖓ ᐊᕐᕌᒍᑦ ᐃᓱᓕᓂᖓᓂ $
ᐊᑐᐃᓐᓇᕈᑦᑎᓂᖅ ᐱᓇᓱᒍᑎᓕᐅᕐᓂᓗ (ᑲᔪᓯᔪᖅ)								
ᑲᑦᒪᑐᖅᑳᑦ ᑮᓇᐅᔭᖅᑎᓱᒍᑎᖕᒋᑦ								
ᐊᓂᕐᕋᓂ ᓄᓇᓕᖕᓂᓗ ᐱᒍᑦᔨᒍᑎᑦ	618	-	-	2 304 463	-	2 304 463	-	-
ᐃᓄᑦᒪᓇᖕᓂᒃ ᐱᒍᖕᓇᖕᒋᑦᓱᒪᔪᓕᓇᒍᑎᑦ	694	-	7 939	-	7 939	-	-	-
ᐃᓚᒥᑎᒍᑦ ᐱᓗᑲᐅᑎᓂᖅ	695	-	87 542	-	-	95 700	-	(8 158)
ᓄᓇᓕᒃᒥ ᐃᓱᒪᒃᑯᑦ ᖃᓄᐃᖅᖅᓱᐊᕐᓂᓕᓇᓂᖅ	697	-	-	870 719	-	874 062	-	(3 343)
ᐃᒃᒥᓂᐊᕐᑎᓱᑦᑐᓕᒪᓂᕐᒍᑦ ᐸᕐᓇᓱᒪᒍᑎᑦ	698	-	-	169 273	-	176 877	-	(7 604)
ᐊᓱᖕᒋᑦ ᑮᓇᐅᔭᖅᑎᑕᐅᒍᑏᑦ								
ᓄᓇᓕᒃᒥ ᐱᓇᓱᐊᖅᑎᑏᒍᑏᑦ - ᓄᓇᐃᒃᒥ ᐃᓅᓱᑦᑐᑦ	650	-	-	557 198	-	557 198	-	-
ᐃᓄᑐᖅᑦ ᐃᑦᓗᖅᒋᖕᓂ ᐱᓇᓱᐊᑦᓱᐊᕈᑎᑦ	812	-	694	16 100	15 002	1 792	-	-
ᐱᒋᐅᕐᓴᑎᑦᓱᒍᑎ ᐊᕐᕋᑎᒋᔭᐅᖅᑦᑕᓂᐊᕐᑐᓂᒃ ᐱᓇᓱᐊᕐᑐᓄᑦ	813	-	42 022	-	42 022	-	-	-
ᐅᑦᓗᓇᐊᖅ ᐅᐃᒪᕐᑐᑦ ᑲᒪᒋᔭᐅᐃᖅᑦ	817	(953 361)	-	1 957 193	-	1 165 620	-	(161 788)
ᐃᒃᒥᓂᐊᕐᑎᓱᑦᑐᓕᒪᓂᖅ	963	-	135 324	-	134 673	651	-	-
ᐃᑲᔪᕐᑎᑦ	8034	-	18 127	81 000	93 939	5 188	-	-
ᓄᓇᐃᒃᒥ ᑐᓴᖅᒋᑐᑦ ᐃᓄᑦᒪᓇᑦ ᐃᑲᔪᕐᑕᐅᒍᑎᖕᒋᑦ	8035	-	-	-	-	-	-	-
ᑐᓵᖅᒋᑐᑦ ᑲᑎᒪᓂᐊᕈᓯᖕᒪᑦ	8037	-	-	1 929	-	29 716	-	(27 787)
ᐱᒋᐅᕐᓴᑎᑦᓱᓃᑦ	9076	-	23 655	-	23 655	-	-	-
		(2 655 299)	3 422 201	8 255 550	2 603 709	7 693 568	-	(1 274 825)
		(3 421 785)	7 590 070	62 807 620	8 473 835	60 937 019	57 851	(2 377 098)

1. ᖃᓄᐃᑦᑑᓂᖓᓂᒃ ᑐᑭᓯᑎᑦᓯᒍᑏᑦ

ᓄᓇᕗᒻᒥ ᐃᓗᓯᓕᕆᔨᑦ ᐃᓄᓕᕆᔨᑦᑯ ᐱᓇᓱᐊᕐᕕᐅᕗᖅ ᓴᕐᕿᑎᑕᐅᓯᒪᑦᓯᓂ ᓴᒥᓯ ᐯᑦ ᑯᐯᑦᑯ ᑕᕐᕋᖓᑕ ᐊᖏᖃᑎᒌᓐᓂᖓᒍᑦ. ᒥ 1, 1995-ᒥ ᐱᒋᐊᕐᑎᓗᒍ ᐱᒍᓐᓇᐅᑎᖏᑦ ᑲᒪᒋᒥᐊᓕᖏᑦᑯ ᑲᑎᕕᐅᑦ ᓄᓇᓕᒫᑎᒍᑦ ᐋᓐᓂᐊᓂᓕᕆᓂᖓᑕ ᐱᒍᓐᓇᐅᑎᖏᑦ ᑲᒪᒋᒥᐊᓕᖏᑦᑯ ᓄᑦᑎᑕᐅᓚᐅᑦᓯᒪᔪᑦ ᓄᓇᕗᒻᒥ ᐃᓗᓯᓕᕆᔨᑦ ᐃᓄᓕᕆᔨᑦᑯ ᐱᒍᑦᔨᕕᖕᖒᒍᑎᑕᐅᑎᑦᑯᒋᑦ.

2. ᐊᓪᓚᖑᑦᑎᑕᐅᒋᐊᓪᓚᑐᑦ

ᐊᕐᕌᒍ ᐊᑑᑎᑎᑦᑯᒍ, ᓄᓇᕗᒻᒥ ᐃᓗᓯᓕᕆᔨᑦ ᐊᓯᑦᔨᑐᐃᓚᐅᔪᑦ ᑮᓇᐅᔭᓕᕆᒍᓯᑦᓂᒃ ᑮᓇᐅᔭᖑᑎᓄᑦ ᓄᑦᑎᑕᐅᔪᓄᑦ ᑮᓇᐅᔭᓄᑦ ᑐᕌᓕᓐᓄᑦ, ᓯᕗᓂᖓᒍᑦ ᓄᓇᕗᒻᒥ ᐃᓗᓯᓕᕆᔨᑦ ᐊᑐᑦᑕᐅᒥᑦᑐᓂᒃ ᑮᓇᐅᔭᓂᒃ ᐊᓪᓚᓯᒪᖃᑦᑕᓚᐅᔪᑦᓯᑎᒃ ᑲᑎᒍᑎᖏᓐᓂ ᑮᓇᐅᔭᖑᑏᑦ ᑐᕌᓕᐅᑦᓯᒪᔪᑦ ᓄᑦᑎᑕᐅᓯᒪᔪᓗᑎᒃ ᐊᓪᓚᑕᐅᓯᒪᖕᒐᓇᐊᖃᑦᑎᓗᒋᑦ. ᐅᓇᓕ ᖁ, ᑦᑦᖅᒥᓂᑦ, ᑕᒪᓐᓇ ᐊᓯᑦᔨᑐᐃᒍᑎ ᐅᓄᑦᓯᒋᐊᕈᑎᐅᓯᒪᔪᑦ ᓄᑦᑎᑕᐅᓯᒪᔪᓄᑦ ᑮᓇᐅᔭᖑᑎᓄᑦ $6,353,529 ᑲᑎᖕᓂᖓ ᑖᒃᑯᐊ ᐅᓄᑦᓯᒋᐊᕈᑎᐅᔪᑦ ᓄᑦᑎᑕᐅᓯᒪᔪᓄᑦ ᑮᓇᐅᔭᖑᑎᓄᑦ ᑐᕌᓕᐅᑦᑕᐅᓯᒪᔪᓂᑦ.

3. ᐊᑭᓕᑦᑕᐅᒋᐊᓖᑦ ᑮᓇᐅᕐᑦ ᐃᑎᓇᐊᓖᑦ

	2016	2015
ᐊ) ᐃᖏᑦᕋᑎᑦᓯᒍᑎᑦ ᑭᓇᐅᔭᖏᑦ	**$**	**$**
ᐃᓗᓯᓕᕆᓂᖅ ᐃᓄᓕᕆᓂᑦᑐ - ᓄᓇᓕᒪᑦ ᐊᑐᑎᒐᑦᓴᖏᓐᓄᑦ	**3 591 688**	3 073 415
ᐃᓗᓯᓕᕆᓂᖅ ᐃᓄᓕᕆᓂᑦᑐ - ᑭᓇᐅᑦᔭᓴᓕᕆᒍᑎᑦ	**513 973**	513 973
ᐃᓗᓯᓕᕆᓂᖅ ᐃᓄᓕᕆᓂᑦᑐ - ᕿᑐᕐᖓᑕᑦᓯᒪᓂᑦᒥᓄᑦ ᕿᑲᕐᑐᑦ, ᐃᒻᒪᖃᐅᑎᓄᑦ ᕿᑲᕐᑐᑦ	**87 996**	87 996
ᐃᓗᓯᓕᕆᓂᖅ ᐃᓄᓕᕆᓂᑦᑐ - ᐊᑦᔨᒋᖕᖏᑐᑦ	**85 677**	87 230
ᑕᒃᓯᕈᑎᓄᑦ ᐊᑭᑭᑦᓕᒋᐊᕈᑎᑦ	**424 444**	279 156
ᐃᓅᓕᑦᓯᕕᒃ ᐊᓐᓂᐊᕕᒃ	**389 998**	1 096 645
ᑐᓚᑦᑕᕕᒃ ᐋᓐᓂᐊᕕᒃ	**471 175**	3 101 434
ᑲᑫᒪᒃᑯᓂ ᐃᓗᓯᓕᕆᓂᖅ ᐃᓄᓕᕆᓂᑦᒥᓗ ᐱᒍᑦᔨᒍᑎᑦ	**-**	296 582
ᐱᓇᓱᑦᑎᑦ ᐊᑭᓕᑦᑕᐅᑲᐱᒍᑎᖏᑦ	**-**	3 978
ᐊᓯᖏᑦ	**477 274**	541 364
	6 042 225	9 081 773
ᐊᑭᓕᑦᓴᓯᐊᖑᒍᖕᖏᑐᓄᓕᖓᔪᑦ	**(118 211)**	(127 331)
	5 924 014	8 954 442
ᐸ) ᑭᓇᐅᕐᑦ ᑐᕋᒪᖃᑦᑐᑦ		
ᐃᓗᓯᓕᕆᓂᖅ ᐃᓄᓕᕆᓂᑦᑐ - INIHB (ᐊᓪᓚᓯᒪᔪᖅ 9)	**95 835 915**	70 900 704
ᖃᓄᐃᖕᖏᓯᐊᑦᓂᓕᕆᓂᖅ ᐃᓄᓕᕆᓂᑦᑐ - ᐳᑎᑭᖑᑎᑦᑭᑐᓂᖃ ᕿᑦᑭᑐᓂᓕᓴᖑᑐ ᑲᓗᖑᓴ	**3 600 000**	740 000
ᐃᓗᓯᓕᕆᓂᖅ ᐃᓄᓕᕆᓂᑦᑐ - ᐊᑦᔨᒋᖕᖏᑐᑦ	**107 910**	107 910
ᑕᒃᓯᕈᑎᓄᑦ ᐊᑭᑭᑦᓕᒋᐊᕈᑎᑦ	**18 169**	23 673
ᐃᓅᓕᑦᓯᕕᒃ ᐊᓐᓂᐊᕕᒃ	**165 332**	-
ᑐᓚᑦᑕᕕᒃ ᐋᓐᓂᐊᕕᒃ	**921 375**	-
ᓄᓇᓕᑐᕐᑫᑦ ᐱᒍᑦᔭᐅᓂᖓ ᑲᓇᑕᐅᑦᑐ ᐅᑭᐅᑦᑕᑐᖓᑕ ᐱᕈᑦᐸᓕᐊᑎᑕᐅᓂᖓ	**28 406**	28 406
ᑲᓇᑕᓕᒪᒥ ᖃᓄᐃᖕᖏᓯᐊᑦᓂᓕᕆᓂᖅ	**10 553**	215 779
ᑲᑎᕕᒃ ᓄᓇᓕᓕᒪᑦ ᑲᑫᒪᖓᑦ	**-**	23 646
ᐊᓯᖏᑦ	**-**	120 100
	100 687 660	72 160 218

ᓄᓇᕗᒻᒥ ᐃᓗᓯᓕᕆᔨᑦ ᐃᓄᓕᕆᔨᒃᑯ
ᑭᓇᐅᔭᓕᕆᔨᒌᑦ ᐊᑦᓚᑕᐅᓯᒪᒍᑎᖏᑦᑕ ᓅᑦᓕᑎᕐᓯᒪᔪᑦ ᐊᑦᓚᕐᑯᑎᑕᖏᑦ
ᒪᕐᔨ 31, 2016

3. ᐊᑭᓕᕐᑕᐅᒋᐊᓖᑦ ᑮᓇᐅᔭᕐ ᐃᑎᕆᐊᓖᑦ (ᑲᔪᓯᔪᖅ)

	2016 $	2015 $
C) ᐱᐅᔾᑯᑎᖃᕈᑎᑦ ᑭᓇᐅᔭᕐᑯᑎᖏᒃᓄᑦ ᓄᑦᑎᑕᐅᔪᑦ		
ᐃᓗᓯᓕᕆᓂᖅ ᐃᓄᓕᕆᓂᕐᓗ - ᑭᓇᐅᔭᓕᕆᔨᑎᑦ ᐊᓯᑦᔨᑕᐅᓂᖏᑦ	**5 147 225**	8 133 169
ᑕᔾᓯᕈᑎᓄᑦ ᐊᑭᑭᑦᓕᒥᐊᕈᑎᑦ	**206 998**	290 622
ᐱᓇᓱᐊᕐᐃᒍᑦ ᓯᕗᒧᐊᒥᐊᕈᑎᐅᔪᑦ	**5 600 883**	4 157 454
	10 955 106	12 581 245

4. ᐱᐅᔾᑯᑎᒻᒪᕆᑦ

ᐱᐅᔾᑯᑎᒻᒪᕆᑦ ᐃᒣᓕᖓᑎᑦᓗᒋᑦ ᐋᖅᑭᑕᐅᓯᒪᔪᑦ:

	ᐊᑭᖏᑦ $	ᓄᐊᑦᑐᑦ ᐊᑭᕈᑦᐸᓕᐊᓂᖏᑦ $	2016 ᑭᓇᐅᔭᕐᑯᑎᖏᑦᑕ ᐊᑭᖏᑦ $	2015 ᑭᓇᐅᔭᕐᑯᑎᖏᑦᑕ ᐊᑭᖏᑦ ᓄᐃᑕᒋᐊᓖᑦᓚᑐᑦ $
ᐃᑦᓗᕐᑯᑎᑦ	18 661 149	6 100 553	**12 560 596**	12 845 535
ᖃᓇᑕᐅᔪᑦ	3 590 202	3 439 836	**150 366**	424 947
ᐱᐅᓕᐊᕐᑦ ᐱᓇᓱᒍᑎᑦᓗ	926 016	724 436	**201 580**	317 293
ᐱᑦᓗᑯᒋᐊᓕᕆᐅᑎᑦ ᐱᓇᓱᑎᑦ	181 538	116 801	**64 737**	75 882
ᐃᖏᑦᕋᐅᑎᑦ	137 295	137 295	-	3 922
	23 496 200	10 518 921	**12 977 279**	13 667 579

5. ᓄᑦᑎᑕᐅᓯᒪᔪᑦ ᑮᓇᐅᔭᕐᑯᑏᑦ

ᑮᓇᐅᔭᕐᑯᑏᑦ ᓄᑦᑎᑕᐅᓯᒪᔪᑦ ᐃᒣᓕᖓᔪᑦ:

	2016 $	2015 $
ᐊ) ᐃᖏᑦᕋᑎᑦᓯᒍᑎᑦ ᑭᓇᐅᔭᖏᑦ		
ᐃᓗᓯᓕᕆᓂᖅ ᐃᓄᓕᕆᓂᕐᓗ ᓄᓇᓕᓕᒪᑦ ᐱᓇᓱᐊᕋᑦᓴᖏᒃᓄᑦ	**207 640**	171 040
ᐸ) ᑭᓇᐅᔭᕐ ᑐᕋᒪᖅᑲᕐᑐᑦ		
ᐊᑦᔨᒋᖅᖏᑐᑦ ᑭᓇᐅᔭᕐᑯᑎᑦ (ᒪᕐᐱᒪᕐᒥᑦ 17-ᒥᑦ 22-ᒍᑦ)	**8 473 835**	7 590 070
	8 681 475	7 761 110

6. ᑮᓇᐅᔭᒃᑯᐃᒻᒥ ᐊᑦᑕᑐᐊᑦ - ᐊᑯᓐᓂᑦᑐᒥ ᑮᓇᐅᔭᖃᕈᑏᑦ

ᑮᓇᐅᔭᒃᑯᐃᒻᒥ ᐊᑦᑕᑐᐊᖃᕈᑏᑦ ᐊᑐᑦᑕᐅᓱᑦ ᐱᐅᒃᑯᑎᒻᒪᓇᓐᓄᑦ, ᐅᑕᑦᑭᒍᑎᐅᑦᓱᑎᒃ ᑯᐯᒻᒥ ᑮᓇᐅᔭᖃᑦᑎᓯᒍᑎᓂᑦ. ᓱᑕᒪᐅᔪᑦᑐᑦ (8) ᑮᓇᐅᔭᖃᑦᑎᓯᒍᑎᖃᓱᑦ ᑮᓇᐅᔭᒃᑯᐃᒻᒥ ᕿ ᕿ -ᒥᑦ ᐊᑦᑕᑦᑐᑦᐃᖃᑦᓯᑎᒃ ᕿᑐᑦᖏᐊᖃᑦᑎᓗᒋᑦ ᐊᑐᓂᑦ ᐊᑐᓂᑦᓗ ᐊᑭᓕᑦᑕᐅᑏᑦᐃᔭᖃᑦᓯᑎᒃ.

7. ᐊᑦᕋᒍᓂ ᐊᓂᒍᑦᑐᓂ ᐊᑑᑎᓯᓚᒍᑦ ᖃᐅᔨᓴᑦᑕᐅᒍᑎᖏᑦ

ᐃᓗᓯᓕᕆᓂᐅᑦ ᐃᓄᓕᕆᓂᐅᑦᓗ ᑐᑦᖃᑦᑕᐃᖅ ᑯᐯᒻᒥ ᖃᐅᔨᓴᕈᑎᐃᓂᖏᑦ 2003-2004, 2004-2005, 2005-2006, 2006-2007, 2007-2008, 2008-2009, 2009-2010, 2010-2011, 2011-2012, 2012-2013, 2013-2014 ᐊᒻᒪᓗ 2014-2015 ᑮᓇᐅᔭᓕᕆᒍᑏᑦ ᑐᓴᑦᑎᓯᒍᑎᖏᑦ ᐊᑐᐃᓐᓇᐅᓚᐅᔪᖅᖏᑐᑦ ᑖᒃᑯᐊ ᐊᓪᓚᖑᑦᑎᑕᐅᓕᑦᑎᓗᒋᑦ. ᑖᒃᑯᐊ ᐊᑦᕋᒍᐃᑦ ᖃᐅᔨᓴᑦᑕᐅᑏᑦᓯᒪᓕᑦᑕᑦ 2016-2017 ᑮᓇᐅᔭᓕᕆᒍᑏᑦ ᐊᓪᓚᑕᐅᓯᒪᓕᑦᑕᑦ ᓴᑦᑭᑎᑕᐅᓚᑦᑐᑦ.

8. ᑮᓇᐅᔭᒃᑯᐃᖃᑎᑏᑦ ᑮᓇᐅᔭᖑᑎᖏᑦ

ᓄᓇᓕᓕᒫᑎᒍᑦ ᑲᑎᖕᖓᔨᑦ ᐃᖏᑦᕋᑎᑦᓯᑏᑦ ᐃᖏᑦᕋᑎᑦᓯᒍᑎᓂᒃ ᑮᓇᐅᔭᓂᒃ ᑐᕋᒐᓕᐅᑦᓯᒪᔪᓂᑦᓗ ᑮᓇᐅᔭᓂᒃ; ᑮᓇᐅᔭᓕᕆᒍᑏᑦ ᐊᑯᓂᑦᑐᒎᓕᖓᔪᑦ ᑮᓇᐅᔭᖑᑏᑦ. ᐊᑦᕋᒍᑦ ᐃᓱᓕᓂᖓᓂ ᑭᓇᐅᔭᒃᑯᐃᑏᑦ ᓄᑦᑎᑲᑦᖃᑎᒌᓐᓂᖏᑦ ᐊᓪᓚᑕᐅᓯᒪᔪᑦ ᐃᒥᑦᑐᓂᒃ "ᐅᑦᖓ ᐃᓕᔭᐅᒥᐊᓕᒃ" ᐊᒻᒪᓗ "ᐅᑦᖓᑦ ᐱᔭᐅᒥᐊᓕᒃ" ᓄᑦᑎᑲᑦᑕᐅᓯᑎᒃ.

9. ᐃᒻᒪᖃᐅᑎᓖᑦ ᐃᒻᒪᖃᐅᑎᖃᖕᖏᑐᑦᓗ ᐱᑭᓪᓕᖑᑏᑦ

ᑖᒃᑯᐊ ᑮᓇᐅᔭᓕᕆᒍᑏᑦ ᐊᓪᓚᑕᐅᓯᒍᑎᖏᑦ ᐱᓇᓱᐊᑦᑕᐅᓕᑦᑎᓗᒋᑦ. ᐃᓗᓯᓕᕆᓂᐅᑦ ᐃᓄᓕᕆᓂᐅᑦᓗ ᑐᑦᖃᑦᑕᐃᖅ ᑮᓇᐅᔭᖑᑏᑦ ᑲᑎᒍᑎᖏᑦᓂᒃ ᐅᖃᓯᒪᖕᖏᑐᖅ ᓄᓇᕗᒻᒥ ᐃᓗᓯᓕᕆᔨᓄᑦ ᐃᓄᓕᕆᔨᓄᑦ ᐃᒻᒪᖃᐅᑎᓖᑦ ᐃᒻᒪᖃᐅᑎᖃᖕᖏᑐᑦᓗ ᐱᑭᓪᓕᖑᑏᑦ ᐊᑐᑦᑕᐅᒍᑎᖏᑦᓂᒃ. ᑖᒃᑯᐊ ᐃᑎᑦᕆᐊᖃᑦᑎᓗᒋᑦ ᐃᒥᓕᖓᑎᑦᓗᒍ ᐊᓪᓚᑕᐅᓯᒪᔪᑦ:

	$
2011-2012	9 009 161
2012-2013	20 097 886
2013-2014	19 487 750
2014-2015	22 305 907
2015-2016	24 935 211
	95 835 915

10. ᓴᓇᓂᖅ ᐱᓇᓱᕐᑕᐅᓂᖓ ᑲᔪᓯᔪᖅ

		2016 $	2015 $
ᐃᓪᓗᐃᑦ ᓴᓇᔭᐅᔪᑦ (54 ᐃᓪᓗᐃᑦ: 25 ᐃᓪᓗᐃᑦ ᐅᖓᕙᒥ ᑐᓚᑦᑕᐱᒃ ᐋᓐᓂᐊᐱᒻᒧᑦ, 23 ᐃᓪᓗᐃᑦ ᐋᓐᓂᐊᐱᒻᒧᑦ ᐊᒻᒪᓗ 6 ᐃᓪᓗᐃᑦ ᓄᓇᕗᒻᒥ ᐃᓗᓯᓕᕆᔨᑦ ᐃᓄᓕᑦᓯᐱᒃ ᐃᓄᓕᔨᓪᓗ ᑲᑎᖕᖓᔨᖏᓐᓄᑦ)	2008 - 2009	**21 193 637**	21 193 074
ᐃᓪᓗᐃᑦ ᓴᓇᔭᐅᔪᑦ (50 ᐃᓪᓗᐃᑦ: 23 ᐃᓪᓗᐃᑦ ᐅᖓᕙᒥ ᑐᓚᑦᑕᐱᒃ ᐋᓐᓂᐊᐱᒻᒧᑦ, 23 ᐃᓪᓗᐃᑦ ᐋᓐᓂᐊᐱᒻᒧᑦ ᐊᒻᒪᓗ 4 ᐃᓪᓗᐃᑦ ᓄᓇᕗᒻᒥ ᐃᓗᓯᓕᕆᔨᑦ ᐃᓄᓕᑦᓯᐱᒃ ᐃᓄᓕᔨᓪᓗ ᑲᑎᖕᖓᔨᖏᓐᓄᑦ)	2009 - 2010	**18 541 011**	18 521 416
ᐃᓪᓗᐃᑦ ᓴᓇᔭᐅᔪᑦ (70 ᐃᓪᓗᐃᑦ: 38 ᐃᓪᓗᐃᑦ ᐅᖓᕙᒥ ᑐᓚᑦᑕᐱᒃ ᐋᓐᓂᐊᐱᒻᒧᑦ, 28 ᐃᓪᓗᐃᑦ ᐋᓐᓂᐊᐱᒻᒧᑦ ᐊᒻᒪᓗ 4 ᐃᓪᓗᐃᑦ ᓄᓇᕗᒻᒥ ᐃᓗᓯᓕᕆᔨᑦ ᐃᓄᓕᑦᓯᐱᒃ ᐃᓄᓕᔨᓪᓗ ᑲᑎᖕᖓᔨᖏᓐᓄᑦ)	2011 - 2012	**19 312 338**	19 264 991
ᐅᐱᒪᕐᑐᐃᑦ ᓴᐳᒻᒥᔭᐅᓂᖓ (ᐃᓪᓗᕐᑯᑎ) - ᐳᐱᕐᓂᑐᖅ	2012 - 2013	**11 158 572**	10 934 985
ᐃᑲᔪᕐᑕᐅᐱᒃ (ᐃᓪᓗᕐᑯᑎ) - ᐃᓄᑦᔪᐊᖅ	2014 - 2015	**22 494 460**	17 676 880
ᐃᓪᓗᐃᑦ ᓴᓇᔭᐅᔪᑦ - ᐱᓇᓱᐊᕐᑕᐅᓂᖓ ᐱᒪᔪᐊᑦ (50 ᐃᓪᓗᐃᑦ: 23 ᐃᓪᓗᐃᑦ ᐅᖓᕙᒥ ᑐᓚᑦᑕᐱᒃ ᐋᓐᓂᐊᐱᒻᒧᑦ, 23 ᐃᓪᓗᐃᑦ ᐋᓐᓂᐊᐱᒻᒧᑦ ᐊᒻᒪᓗ 4 ᐃᓪᓗᐃᑦ ᓄᓇᕗᒻᒥ ᐃᓗᓯᓕᕆᔨᑦ ᐃᓄᓕᑦᓯᐱᒃ ᐃᓄᓕᔨᓪᓗ ᑲᑎᖕᖓᔨᖏᓐᓄᑦ)	2015-2016	**20 729 509**	-
ᐋᓐᓂᐊᐱᒃ (ᐃᓪᓗᕐᑯᑎᒃ) - ᐊᐅᐸᓗᒃ	2015-2016	**198 341**	-
		113 627 868	87 591 346

ᑖᒃᑯᐊ ᓴᓇᓂᐅᔪᑦ ᑮᓇᐅᔭᖃᕐᑎᑕᐅᓚᐅᕐᑐᑐᑦ ᑯᐯᒻᒥ ᑮᓇᐅᔭᖃᕐᑎᓯᔨᓄᑦ.

ᓴᓇᓃᑦ ᐱᔭᕇᕐᑕᐅᑎᓪᓗᒋᑦ, ᐃᓗᖕᓇᖏᓐᓄᑦ ᐊᑭᖏᑦ ᐊᑯᓃᕐᑐᒥᓪᓗ ᐊᑭᓕᕐᓴᑖᖑᓯᒪᔪᓄᑦ ᓴᓇᓂᕐᒧᑦ ᐊᓪᓚᑕᐅᓯᒪᓛᕐᑐᑦ ᐊᑐᓂᑦ ᐱᓇᓱᐊᕐᕕᐅᔪᑦ ᑮᓇᐅᔭᓕᕆᒍᑎᖏᑦᑕ ᐊᓪᓚᑕᐅᓯᒪᒍᑎᖏᓐᓂ.

11. ᐱᓂᐊᕐᓂᕋᐅᑏᑦ

ᓄᓇᕗᒻᒥ ᐃᓗᓯᓕᕆᔨᑦ ᐊᑦᑕᑐᐊᖃᕐᑐᑦ ᐊᑭᓕᓐᓂᒃ $510,564. ᐊᕐᕌᒍᓂ ᓯᑕᒪᓂ ᖁᔪᓂ ᐃᑭᓐᓂᐊᐅᑎᓪᓗᒥᑦ ᐅᑯᐊ ᐊᑭᓕᕐᑐᓇᐊᖃᕐᓂᐊᑕᖏᑦ:

	$
2016-2017	206 654
2017-2018	153 142
2018-2019	114 928
2019-2020	35 840
	510 564

12. ᓂᕆᐅᓇᖅᑭᑐᓄᑦ

ᒫᑦᓯ 31, 2016-ᒥ, ᓄᓇᕗᒻᒥ ᐃᓗᓯᓕᕆᔨᑦ ᐃᓄᓕᕆᔨᒃᓗ ᓴᑕᐅᓯᒪᔪᖅ ᓂᐅᕗᖕᕗᐅᔪᒍᑦ $6,401,683 ᓴᑕᐅᖃᑎᖃᖕᓯᒪᑦᓯᓂ. ᓄᓇᕗᒻᒥ ᐃᓗᓯᓕᕆᔨᑦ ᓴᑕᐅᒍᑎᑕᖕᓯᒪᔪᑦ ᐊᑭᓐᓂᖕᕗᔭᐅᓯᒪᔪᑦ ᓴᓇᔨᓄᑦ $637,179-ᓂᒃ. ᑖᒃᑯᐊ ᑭᓇᐅᔭᓕᕆᒍᑏᑦ ᐊᓐᓚᑕᐅᓯᒪᒍᑎᖏᑦ ᐊᓐᓚᑕᐅᓕᖕᑎᓗᒋᑦ ᑕᒪᑐᒪ ᐱᓇᓱᐊᖕᑕᐅᓂᖕᒐ ᓱᖕᖕᕗᐃᕋᑕᖕᖕᑐᖅ. ᐋᖕᑭᖃᑎᒌᒍᑎᐅᓐᓂᑦᑕ ᑭᓇᐅᔭᖕᑐᕈᑎᐃᓂᖕᖏᑦ ᐊᓐᓚᑕᐅᓯᒪᓛᖕᑐᑦ ᐊᖕᕋᒍᒥ ᐊᑑᑎᐃᖕᒥᓂ. ᑖᒃᑯᓇᓂᓗ ᑭᓇᐅᔭᓕᕆᒍᑏᑦ ᐊᓐᓚᑕᐅᓯᒪᒍᑎᖏᑦ ᑐᕋᒐᖕᓴᓂᒃ ᑕᒪᑐᒍᖕᒐ ᐃᓚᐅᑎᑦᓯᓯᒪᒐᑎᒃ.

ᓄᓇᕗᒻᒥ ᐃᓗᓯᓕᕆᓂᕐᒧᑦ ᑲᑎᒪᔨᑦ
RÉGIE RÉGIONALE DE LA NUNAVIK REGIONAL
SANTÉ ET DES SERVICES BOARD OF HEALTH
SOCIAUX DU NUNAVIK AND SOCIAL SERVICES

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